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ABSTRACT

A survey of 47 New York City programs designed to provide preventive services to high risk families and children was undertaken through mailback collection forms, onsite interviews, and case record readings. Among findings were that data in the applications and monthly reports were incomplete and inconsistent: operational definitions of prevention in all programs included the prevention/reduction of the need for foster care; programs frequently provided services to compensate for failures of other public systems: and difficulty in getting clients involved in services was a major problem. Recommendations were made, including that all programs should be evaluated continually, standard performance indicators of success should be developed, and better coordination between preventive service programs and the educational system should be developed. Eight program prototypes were identified and described. (CI)

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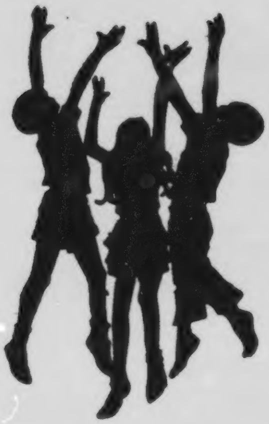
AN OUNCE OF PREVENTION:

A SURVEY OF
PREVENTIVE SERVICES PROGRAMS
CONTRACTED BY
NEW YORK CITY
SPECIAL SERVICES FOR CHILDREN



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FOREWORD

In New York City, the use of Preventive Service programs to minimize placement of children in foster care is relatively recent. Seven programs able to serve about 170 families were implemented on a demonstration basis in 1974; today, SSC contracts with 49 such programs that serve 10,000 families. Most of this growth took place in the last three years.

During this expansion period, preventive programs were granted broad programmatic flexibility as to types of service provided, the geographic areas served, and selection of families. The absence of a generally accepted operational definition of preventive services meant there were virtually no standards to govern the provision of services. Reporting requirements were minimal and did not allow for a comparative review of the programs.

It is against this background, and in light of the increased emphasis on prevention of foster care placement required by the Child Welfare Act of 1979, that this study was undertaken by the Human Resources Administration (HRA) and Interface. Its primary purpose was to provide a systematic and comparative description of what services were being delivered by whom, to whom, where, and by what methods. It was intended to help identify gaps in services and in knowledge and to provide guidelines for the development of preventive services standards that would increase the effectiveness of such services.

Data were assembled from mail-back data collection forms sent to the 47 operating preventive programs, on-site interviews with program directors and staff, case record readings, application forms and monthly reports requested by SSC. HRA and Interface cooperated in the design of the survey instruments and in the collection of data and the interviews of field staff. Interface did the analysis, conclusions and recommendations presented in this report.

As we hypothesised, the analysis of the information collected shows that existing preventive service programs vary extensively with regard to geographic area served, types of service provided, and clients' characteristics. Using a concept borrowed from the field of mental health, Interface categorizes these programs as providing "primary", "secondary", and "tertiary" preventive services.

Interface highlights the need for the development of operational definitions of both preventive services and the "at risk" population. In this respect, Interface holds the view that the definition of "at risk" children should be sharpened, that flexibility of preventive programming be increased, and that primary preventive service programs be part of any configuration of preventive services. It recommends that all three levels of prevention be given equal weight as legitimate methods of preventive service delivery.

Interface finds that SSC has not readily utilized the preventive programs with which they contract (p. 7). This finding reflects in part an earlier SSC policy to encourage each preventive services vendor to develop its own referral sources within the community it serves. Since Fall 1979, SSC has taken various steps both to strengthen links between SSC and other HRA agencies that provide such preventive supports as day care and homemaker services and to improve communications between SSC and the preventive service vendors, toward a goal of increased referrals.

Among other things, SSC has published a preventive program directory for its field office staff, which will continue to be updated periodically; it sponsored in November a full-day meeting and "fair" that brought together SSC field workers and preventive service providers; and it has conducted joint training sessions for its own employees and those from contract agencies on referral, authorization, and accountability procedures in preventive services. A number of other similar initiatives are now being made or are planned for the near future.

Based on interviews with preventive program staff, Interface finds that "preventive service programs frequently must provide services to compensate for the failures of other public systems such as social services, housing, health, mental health and education". We do recognize that requirements for eligibility and service provision can be complex and constraining to clients. At the request of public service vendors, IM has established a procedure to expedite income support assistance to clients "at risk". Experience may show that more needs to be done. Nonetheless, we continue to believe that case advocacy should properly remain one of the services provided by preventive vendors, at least until the federal and state governments yield to local administrators' requests to simplify the welfare eligibility rules and regulations.

The need for service provision and performance standards, for a city-wide needs assessment, and for continuous evaluation of programs individually and comparatively were all identified by Interface as a result of its analysis.

HRA concurs and, within its staffing and resources capabilities, is taking steps to address these issues. We are, for example, developing a comprehensive set of service provision standards and reporting requirements*. We are also doing a needs assessment aimed at identifying gaps in the geographical coverage of existing preventive programs. Finally, we will continue the evaluative efforts initiated with this study. It should be recognized, however, that such efforts cannot be the responsibility of HRA alone. We call upon the State, the research community, voluntary agencies, and others interested in improving the delivery of preventive services to join us in this effort.

Although HRA disputes some of Interface's interpretations of the data and recommendations presented here, we are confident that the report will serve as a valuable resource for Special Services for Children as it moves to strengthen the preventive services program in conjunction with the implementation of the Child Welfare Act of 1979 and the recommendations developed by the Mayor's Task Force on Foster Care.

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Special Services for Children

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* SDSS has also established a task force, with representation from SSC, for developing uniform case records to be used in the State Child Care Reporting System (CCRS).

An Ounce of Prevention: A Survey of Preventive Services Programs Contracted by Special Services for Children

EXECUTIVE SUMMARY

Introduction

Growing questions about foster care -- its high cost and its effect on children -- have led to new legislation and an increasing number of programs which emphasize "prevention." For Fiscal Year 1980, New York City's Human Resources Administration, Special Services for Children (HRA/SSC) has contracted with 48 programs to provide preventive services to up to 10,000 families and 14,000 children. These services are designed for families "at risk" to prevent the placement of youngsters in "substitute care," to speed the return home of youngsters in care, and to prevent the recurrence of foster care.

In light of this, INTERFACE and HRA undertook a survey of the 47 operational preventive service programs in New York City under contract to SSC. The survey took place in the late Summer and Fall of 1979. The purpose of the survey was to develop program profiles and prototypes reflecting operational definitions of prevention, to discuss probable methods of reporting and evaluation, and to recommend further programmatic, administrative, legislative and funding changes.

I. History of Prevention

The concept of prevention, as it developed in the early 20th century, grew out of the mental health field and still utilizes definitions based on three levels of prevention, which were developed at that time.

Primary prevention is seen as those services, aimed at the entire population of a community, which are meant to reduce the incidence of foster care placement in that area "by combating harmful forces in the community and by strengthening the capacity of people to withstand stress." (Caplan) Secondary preventive services attempt to prevent the placement of youngsters "at risk." Tertiary efforts are designed to reduce recidivism with services aimed at children and their families just before and/or after discharge from care.

Funding for preventive and other community social services grew until the 1970's when both federal and private money began to decrease and the number of foster children grew dramatically.

In 1973, the New York State Legislature authorized (Chapter 911) seven demonstration preventive programs in New York City. Later this program was expanded to provide state funds to match private contributions and/or city tax levy funds. In the last four years, 30 new programs and 10 court diversion programs have been funded on this basis.

Now the Child Welfare Reform Act of 1979 makes new funds available for preventive services and imposes new accountability requirements on local social service districts' programs.

With the growth of preventive services programs, a framework of program models and realistic accountability techniques now needs to be constructed.

II. Data Analysis

The survey was based on mail-back data collection forms, on-site interviews and case record readings as well as data from program application forms and monthly reports. Few programs routinely aggregated program data and statistics, and their recordkeeping methods and content varied greatly; consequently, the comparative data elicited was limited and the following data are not always based on all 47 programs.

Findings

1) Data in the applications and monthly reports were incomplete and inconsistent.

2) Six programs had formal guidelines for determining whether or not a child has been abused/neglected.

3) Five programs had a specific procedure for determining that a child should be referred for placement.

4) Self-referrals were the largest single source (24.8%) of referrals and schools were next with 20.7% of the referrals. Only 1.8% of the referrals came from SSC.

5) Almost 80% of the referrals made to preventive programs were accepted.

6) The most common reasons for rejecting a case (28.8%) was the lack of client response to program outreach efforts.

7) 63.4% of the families accepted by preventive service programs had a presenting problem which was "child-related." Environmental problems accompanied most presenting problems.

8) The most common family problems were insufficient financial resources, lack of support systems, education and housing needs and poor parenting skills.

9) Education and behavior problems were the most common problems for children. Other problems cited included court involvement, substance abuse, and mental health problems.

10) Approximately 60% of the children served were male, and 40% were female. The age distribution of the children served was: 47.3% between thirteen and eighteen, 41.1% between six and twelve, and 11.7% between zero and five years old.

11) Only 1.9% of the children served by preventive service programs were placed in foster care. The largest number of the children placed in foster care were aged six to twelve years old.

12) The primary reason for terminating a case (63.1%) was that individual case goals had been achieved.

13) Forty programs were sponsored by larger social service agencies, and most programs shared some service with their sponsor.

14) Forty-three programs had community involvement and outreach activities which were most often defined as either home visits to engage clients or outreach to community organizations to encourage referrals.

15) Unmet needs most frequently cited were education, employment and housing.

16) Only six program directors described their overall relationship with SSC as being positive. The majority of directors described their contacts with SSC as either few or negative.

III. Major Findings and Observations

A. Evaluation as a Tool for Program Planning

Program evaluations are important as an aid in determining appropriate funding and in improving program functioning. The lack of comparable and reliable data about preventive service programs or baseline indices of success makes overall evaluation impossible at this point. Few programs contain any internal evaluation mechanism, either fiscal or programmatic. SSC's evaluations consist of annual site visits and monthly statistical reports. Fiscal audits are not routinely conducted.

However, several kinds of evaluations could begin immediately, including individual program evaluation, self-evaluation and cross program evaluation. Case records are a valuable source of information, but records need to be standardized, at least in part since they currently vary in format, type of information and level of detail. Certain basic information should be collected on a standardized form; additional information needs vary according to the program.

B. Prevention and the "At Risk" Child

Although program staff have widely different personal definitions of prevention, the operational definitions all included the prevention/reduction of the need for foster care. Although the programs were very different, their stated goals were the same, and tended to be vague. Many programs felt pressured into obscuring primary level service strategies in order to conform to funding regulations which favor secondary and tertiary level prevention.

Definitions of the "at risk" child were rarely specific and often in conflict with what program directors thought would be acceptable to SSC. Therefore, programs serve some clients they feel they may not be authorized to serve. They fear that the 1979 legislation will exacerbate this situation because it provides for a 75% state match for secondary and tertiary level intervention programs and a 50% match for other programs. In both the State law and in the City's interpretations, primary level prevention should be encouraged and "at risk" should be defined in terms of all three levels of prevention.

C. Systems Failure: The Impact on Prevention

Preventive service programs frequently must provide services to compensate for the failures of other public systems such as social services, housing, health, mental health, and education. Staff devoted a great deal of time to advocacy for clients or helping them negotiate the bureaucracy. School-related problems were the most frequent presenting problem and many programs provide educational services. Prevention strategies should encourage closer collaboration with the schools.

D. The "Engagement" Process

Difficulty in getting clients involved in services is a major problem, and programs have devised a variety of strategies to engage and enlist the participation of clients.

E. Relationship of Programs to SSC

Programs may be completely funded by SSC with city tax levy monies or Title XX funds, or they may be funded on a 50-50 matching basis with a combination of tax levy and private agency funds to meet the state match. At present, no written criteria exist which determine which programs will receive full or partial SSC match funding. Program budgets frequently do not reveal the amount and source of matching funds.

SSC does not seem to make adequate use of community alternatives before placing children in foster care. Although SSC policies, mandates and procedures, as well as the responsibilities of both SSC and the programs, are specified in writing, findings indicate that SSC is not readily utilizing these preventive programs with which they contract.

F. Creative Program Service Strategies

Several interesting service strategies emerged from the analysis of the programs:

1. coordinating services of other community agencies;
2. utilizing other clients to provide services;
3. providing education remediation;
4. directing services of community improvement;
5. training clients in life skills; and
6. advocating on behalf of clients.

IV. Recommendations

The recommendations are offered to help strengthen the preventive service network as an alternative for stressed families. It is recognized that implementation of some of them may require increased resources.

1. The definition of prevention in the 1979 Child Welfare Reform Act should include characteristics of the at risk child or family eligible for service at each level of prevention.

2. SSC contracts should encourage a broader interpretation of prevention for funding purposes.

3. All programs should be evaluated individually, within prototypes and overall.

4. Standard performance indicators of success should be developed.

5. A city-wide needs assessment should be conducted. Prospective programs should justify their programs in terms of identified needs.

6. The city and state should develop a monitoring procedure, including standardized forms and measurable goals.

7. The directions for completing DSS 2560 forms should be revised to allow a broader statement of need for service.

8. SSC should more aggressively refer clients to preventive programs.

9. Foster care agencies should be encouraged with fiscal incentives to provide alternative services to foster care children.

10. Better coordination between preventive service programs and the educational system needs to be developed.

11. SSC should provide technical assistance and training for programs.

12. All other preventive service programs should be surveyed to effect coordination and avoid service gaps and duplication.

V. Program Prototypes

Program prototypes constitute a framework for analyzing and evaluating existing and potential programs. Programs were grouped according to three characteristics: program location and catchment area (city-wide, borough-wide or community-based); type of services offered (mental health or concrete); and usual recipient of service (child, parent or family). A majority (25) of the programs were community-based; most (29) have a mental health focus; and the largest number (20) direct their services to the family.

Programs were then analyzed according to nine additional characteristics: (1) organizational context; (2) funding; (3) goals and objectives; (4) method/service strategy; (5) target population; (6) outreach activities; (7) staff; (8) program size; and (9) program hours. Prototypes were formed of those programs that displayed pronounced similarities. Eight prototypes emerged. Each is briefly characterized here, but some programs in each prototype may vary in a few characteristics. More complete descriptions are contained in the report.

I. City-Wide/Mental Health - These programs provide secondary and tertiary level prevention, are sponsored by foster care agencies, provide traditional casework as the core service and do not engage in outreach activities.

II. City-Wide/Concrete - These programs provide all three levels of prevention, have strong philosophical bases, narrowly defined target populations and clear points and methods of intervention. Each has a unique service strategy.

III. Borough-Wide/Mental Health - Providing secondary and tertiary level prevention, these small programs have close relationships with sponsoring agencies and provide traditional casework services; these services are not solely delivered by professional staff.

IV. Borough-Wide/Concrete/Child Focused - These are court diversion programs using non-professional staff for crisis intervention, counseling and case advocacy.

V. Community-Based/Mental Health/Parent Focused - These are primary and secondary level prevention programs delivering services to mothers, including day care and parenting training.

VI. Community-Based/Mental Health/Family Focused - Casework focusing on the family within a community context characterize these programs which receive most of their referrals from local schools.

VII. Community-Based/Concrete/Child Focused - These programs have distinctive philosophical bases and provide services to children at all levels of prevention utilizing professionals, paraprofessionals and teachers.

VIII. Community-Based/Concrete/Family Focused - The goal of these programs is to strengthen family relationships through a wide range of services to the family. Although each uses distinct service strategies, all emphasize community resources.

In addition to the programs that fell within the above prototypes, there were nine programs that displayed characteristics of more than one prototype. These are discussed in a separate section.

ACKNOWLEDGEMENTS

The staff of INTERFACE would like to express their appreciation to the preventive service program staff who participated in the survey for taking their valuable time to share their knowledge.

The contribution of the Human Resources Administration, in particular, Deputy Administrator George Vernez and his staff, must be gratefully acknowledged. We also wish to thank the Advisory Committee members for their advice and support throughout this project.

And finally, we wish to thank Margaret Ayers of the Robert Sterling Clark Foundation; Patricia Glazer, Morgan Guaranty Trust Company; and Nancy Castleman and Gregory Farrell of the Fund for the City of New York without whose support and counsel this report could not have been written.

PREVENTIVE SERVICES SURVEY

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Preventive Programs Included in Survey

1. Abusing Parent and Child Unit, New York Foundling Hospital
2. Advocates for Children of New York, Inc.
3. Albert Einstein College of Medicine*
4. Brooke Avenue Placement Prevention Program, New York Foundling Hospital
5. Brooklyn Bureau of Community Service, Preventive Service Project
6. Brookwood Preventive Services, Brookwood Child Care
7. Builders for Family and Youth, Jamaica Prevention Project, Brooklyn Catholic Charities
8. Bushwick Family Care Project, Salvation Army
9. Center for Family Life in Sunset Park, St. Christopher's Home
10. Child and Family Counseling Services, Hellenic American Neighborhood Action Committee
11. Child Placement Prevention Project, Puerto Rican Family Institute
12. The Children's Aid Society Preventive Service Program
13. The Children's House - Mother - Infant High Risk Program, Spence-Chapin Services to Families and Children.
14. Community Center for Family Living, American Italian Coalition of Organizations, Inc.
15. Community Mediation Training Program, Community School District #10
16. East Bronx Family Services Center, Leake and Watts Children's Home
17. East Harlem Neighborhood Center, New York Foundling Hospital
18. Family Consultation Center of Gravesend Prevention Program, Family Consultation Center of Gravesend
19. Family Counseling Program, Brooklyn Association of Settlement Houses
20. Family Reception Center, Sisters of the Good Shepherd

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*This program was not fully operational. It is profiled and included in the analysis and discussion of interview guide findings.

21. Fort Greene Community Services, Angel Guardian Home

22. G.L.I.E. Delinquency Pre-Delinquency Prevention Program, Group Live-In Experience, Inc.

23. Infants Home of Brooklyn Day Treatment Center, Jewish Board of Family and Children's Services

24. Intensive Services to Families and Children, Spence-Chapin Services to Families and Children

25. Joint Planning Service, Preventive Service Project, Jewish Board of Family and Children's Service and Jewish Child Care Association

26. Learning for Living Center, Hale House, Inc.

27. Louise Wise Preventive Program, Louise Wise Services

28. Lower Eastside Family Union

29. Neighborhood Youth Diversion

30. North Bronx Family Services, PIUS XII Youth and Family Services

31. Placement Prevention for Juveniles on Probation, Puerto Rican Family Institute

32. Prevention - South Brooklyn, Brooklyn Catholic Guardian Society

33. Preventive Care Program, Ohel Children's Home

34. Project Basement, New York Foundling Hospital

35. Project Outreach, Sisters of the Good Shepherd

36. Project Prevention, Talbot Perkins Children's Services

37. QSPCC Preventive Services Project, Queens Society for the Prevention of Cruelty to Children

38. Red Hook Prevention Program, Brooklyn Catholic Guardian Society

39. Rheedlen Truancy Prevention Program, Rheedlen Foundation

40. Riverdale Children's Association

41. Staten Island Reception Center Preventive Program, New York Foundling Hospital

42. Tri-Agency Family Court Services, Big Sisters, New York Catholic Charities and Jewish Board of Family and Children's Services

43. Under 21, Covenant House

44. United Families of East Harlem, Edwin Gould Services for Children*

45. Williamsburg Prevention Program, St. Joseph's Children's Services

46. Wiltwyck Family Services Program, Wiltwyck School

47. Youth Guardian Service, Protestant Board of Guardians

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* This program was not fully operational. It is profiled and included in the analysis and discussion of interview guide findings.

I. INTRODUCTION

I. INTRODUCTION

A. Purpose of Study

During the last seven years an increasingly large number of programs in New York City have developed as alternatives to foster care. These preventive service programs (originally seven, now totalling forty-seven), were begun in response to serious questions raised about keeping children in foster care away from their families and communities for long periods of time.

A State legislative mandate of 1973 defined prevention as services designed for families "at risk" to prevent the placement of youngsters in "substitute care," to speed the return home of youngsters in care, and to prevent the recurrence of foster care by providing necessary supportive services to families.

These mandates, however, were not accompanied by either a definition of "at risk," a specific description of services to be provided, or guidelines for program operation, such as structure, staffing, location, case recordkeeping, etc. It was assumed that preventive programs would remain the domain of foster care providers, as were the original seven, and would be fitted into that service structure. Of the forty-seven operational programs now under contract with the New York City's Human Resources Administration, Special Services for Children (HRA/SSC), thirty-four operate under the auspices of foster care agencies. Six, however, are affiliated with larger social services agencies which do not provide foster care; five are independent; one is sponsored by a Community School Board and another by a hospital. Therefore, while the majority do come under the umbrella of foster care, both conceptually and operationally, other program frameworks and structures have been established.

The New York State Legislature recently passed a significant piece of legislation, the Child Welfare Reform Act of 1979. This legislation mandates an increase of state funds for prevention and specifies some minimal accountability guidelines. It does not address the key issues of program design and definitions of "at risk." Since this legislation will not be in full effect until state Fiscal Year (FY) 1981, the legislation can still be amended in these areas.

In addition to this possibility for action, the New York City Board of Estimate has ruled that SSC develop a four-year plan for foster care and prevention with evaluations to begin in both areas. The plan must be ready in March, 1980.

Because of the expansion of preventive programs, the possibility of future program development and the Board of Estimate ruling, INTERFACE and the Human Resources Administration felt the time was right for a comprehensive survey of the existing preventive service settings. Such a survey was jointly undertaken during the late summer and early fall of 1979.

The goals and objectives of the study were developed to address those problem areas and issues related to preventive service programming as outlined by HRA.

The overall goals of the survey were:

- to develop a data base of information about existing preventive service programs; and
- to understand prevention both theoretically and operationally.

The specific objectives of the project were:

1. to develop comprehensive, detailed profiles of each program including location, history, goals and objectives, target population, types of services offered and contact person;

2. to develop prevention prototypes based upon the program profiles;

3. to suggest ways in which these programs could be evaluated;

4. to examine the reporting and referral linkages with SSC;

5. to define prevention to more accurately reflect what programs actually do and what they would like to do;

6. to present programmatic, administrative, legislative and funding recommendations which could have an impact upon the development of public policies relating to the delivery of preventive services.

In order to accumulate the necessary data to accomplish these goals and objectives, three kinds of data instruments were developed: a detailed data collection form to be completed by each preventive program; a series of interview guides for different levels of staff at the time of site visits; and a case record review instrument. These methods of compiling data were determined after consultation with a number of experts in the field who pointed to the total lack of information about preventive programs as justification for this multi-faceted approach. For a complete discussion of the survey design and methodology, please see Appendix A. Appendix B contains the instruments used.

In order to provide a setting for the issues and findings of this study, a brief history of prevention, both conceptually and legislatively, follows.

B. History of Prevention

Recognition of the concept of prevention in the mental health movement dates back to the beginning of the 20th century, but it was not until the Community Mental Health Act of 1908 that the concept was officially encouraged.

As a result, community mental health centers adopted a preventative approach in their consultation and evaluation units. A definition of prevention which classified programs into primary, secondary or tertiary prevention settings came to be generally accepted. These definitions grew out of work done by Gerald Caplan.

> *Primary prevention* aims at reducing the incidence of new cases of mental disorder in the population by combating harmful forces which operate in the community and by strengthening the capacity of people to withstand stress. *Secondary prevention* aims at reducing the duration of cases of mental disorder which occur inspite of the programs in primary prevention. By shortening the duration of existing cases, the prevalence of mental disorder in the community is reduced. *Tertiary prevention* aims at reducing the community rate of residual defect which is a sequel to mental disorder. It seeks to ensure that people who have recovered from mental disorder will be hampered as little as possible by their difficulties in returning to full participation in the occupational and social life of the community.[1]

These definitions, which are mental health related, are still widely noted in discussions by social service practitioners involved in the delivery of preventive services.

Primary preventive services in child welfare are characterized as those aimed at the population in a particular geographical area to educate them and thereby reduce the community incidence of abuse, neglect and truancy which lead to foster care. Secondary preventive services are characterized as those designed to prevent the foster care placement of youngsters who have been labeled as "at risk" of placement; and tertiary efforts are those designed to prevent recidivism into foster care and/or reduce the time spent in care. This is accomplished by working with children and their families before discharge from care and/or after discharge through after-care services.

Simultaneous with the first notice of preventive programs in the early 1900's, a related concept was first enunciated by the first White House Conference on Children in 1909 which issued a statement that "children should not be deprived of home life except for urgent and compelling reasons... Homes should not be broken up for reasons of poverty but only for... inefficiency or immorality."[2] This policy led to the establishment of widows' or mothers' pensions and ultimately to the present public assistance program of Aid to Families with Dependent Children (AFDC). From the Great Depression of the 1930s through the Great Society of the 1960s, the federal and state commitment to the provision of social services as well as financial aid flourished. The service programs were intended to reduce or eliminate economic dependency and preserve the family unit. "Home services programs," including such services as day care and homemaker service, were encouraged in child welfare. This trend was reversed in July, 1972, when, disillusioned with the results and alarmed by rising costs, Congress placed a 2.5 billion dollar nationwide ceiling on the federal funding of social services, and again in 1973, when the federal government mandated a separation of Social Services from financial assistance. Since that time, it has become more difficult to provide alternatives to foster care.[3]

There were two other important occurrences along with this change in the funding of programs to preserve family unity:

1) the number of children in foster care grew; and
2) the proportion of private money for the foster care population decreased, while the cost of providing the care increased, with a heavy weight falling on local and state governments.

More specifically:

> The increase in the number of children in foster care in the U.S. over the last decade has been dramatic: in 1960, 3.7 per 1,000 children under 18 years of age were in foster care, by 1970, the rate had risen to 4.7. New York State, always in advance of the national figures on foster care, had 46,567 children in foster care in 1971, or 7.6 per 1,000. Over half of the New York children in foster care are in New York City where 26,254 were in foster care in 1971 or 11.3 per 1,000. The number of children in foster care, at public charge, in New York City increased by 53% from 1960 to 1973, a rate of increase ten times the rate of increase in children under 18 in New York City during the same period.[4]

In the late 1960s and early 1970s, a number of reports appeared which highlighted the fact that children were entering the foster care system inappropriately and staying in care for long periods of time.*

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* See, for example: Blanche Bernstein, A Preliminary Report: Foster Care Needs and Alternatives to Placement, New York: New York State Board of Social Welfare, June, 1975; Shirley Jenkins and Mignon Sauber, Paths to Child Placement: Family Situations Prior to Foster Care, New York, Community Council of Greater New York, 1966; and Henry S. Maas, "Children in Long Term Foster Care," Child Welfare, XLVIII, June, 1969.

For example, a study conducted in 1975 by David Fanshel and John Grundy called Computerized Data for Children in Foster Care: First Analyses from a Management Information Service in New York City, stated that children in foster care in New York were staying in care for an average of 5.4 years and no discharge plan was reported for 30% of those children.

Recent studies continue to document the negative effects of long term foster care and separation on youngsters, and to question the expenditure of public monies and the lack of accountability over this system. As of September 30, 1979, there were 27,140 children in foster care in New York City. (This is based upon the September 30, 1979 Child Welfare Information System computerized report.) The annual cost for the care of these youngsters is approximately $300 million which includes child care and medical costs. Of this, approximately 9% comes from the private voluntary sector caring for these children.* The balance is composed of city, state and federal monies, each representing one-third of the remaining cost for agencies under contract to the city. For FY'80, the city budgeted $9 million for prevention of which only $1.8 million was city tax levy dollars. During that same period, the preventive service programs contracted with SSC to serve up to 10,000 families and 14,000 children.**

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* See: An Expenditure Analysis of 54 Foster Care Agencies, 1978, by INTERFACE for Joint Action for Children; The Children Are Waiting, 1978, released by the New York City Comptroller's office; Children Without Homes, 1979, Children's Defense Fund; Good Money After Bad, 1979, released by the New York City Board of Estimate.

** Source: SSC Preventive Service Applications for FY'80.

Legislative Response

In response to the issues and questions raised by the aforementioned research documenting the deficiencies and ineffectiveness of foster care, the New York State Legislature, in 1973, authorized the establishment of demonstration projects to test the feasibility of preserving the family unit by providing services to eliminate the need for foster care and to prevent its recurrence. This authorization, which became Chapter 911 of the laws of New York, 1973, appropriated $500,000 in State funds to be used on a matching basis with participating local social service districts for one year of demonstration services. Seven preventive service programs were begun in NYC with these monies and are still in existence now funded through Title XX of the Federal Social Security Act. They are commonly referred to as the original 911 programs. They set the stage for future programming. The original projects were to include intensive family casework services designed to:

a) preserve the family unit and thereby prevent the need for substitute care or placement of children; and

b) provide after care services for families whose children have been in foster care.

The guidelines were later expanded to include two other categories:

1) children currently in placement where the services could hasten a return home; and

2) provision of services needed to free a child for adoption.

In 1975, the Child Welfare League of America conducted an evaluation of the original demonstration project called A Second Chance for Families. Because of the positive results, in 1975 the New York State Department of Social Services allocated (but did not spend) $3.5 million on a statewide matching basis for preventive services programming. Any program that could raise 50% private matching monies and which submitted a satisfactory proposal that met the guidelines of the legislation could receive preventive service monies. Programs had to be specifically designed to prevent the placement of youngsters in foster care. Over the last four years, 30 programs in New York City have begun on this 50%-50% matching basis.

In the last several years ten programs, funded as court diversion programs with money from the criminal justice system, were deemed by SSC as eligible for preventive service monies. In some instances, SSC allocated the equal match to state monies, and in others it was a combination of tax levy city dollars and private donations to match state funds.

All of these programs consitute those surveyed.

A recent development was the passage by the State Legislature of a Child Welfare Reform Act of 1979. This has been called a significant breakthrough in the recognition and funding of preventive service programs with a possibility of an increase to a 75% state match.* The operational definition of preventive services contained in the legislation is:

> Averting of impairment or disruption of a family which will or could result in the placement of a child in foster care; enabling a child who has been placed in foster care to return to his family in an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care.[5]

The legislation is to take effect April, 1981. It includes a cap on expenditures for foster care; an open-ended funding stream for preventive service monies; and it places specific requirements upon local social serivce districts for the review and monitoring of youngsters in the child welfare system, whether in foster care or preventive service programs. For example, it requires the compilation and maintenance of comparative data for authorized agencies including characteristics and numbers of children entering care and their families, admission practices, delineated reasons for initial and continued placement or provision of preventive services, length of stay in foster care, length of time in receipt of preventive services, foster care re-entry rates, number of children discharged to parents and relatives, rates of adoptions, and costs of both foster care and preventive services.

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* A state match of 75% will be made to a program providing mandated preventive services; a match of 50% for optional preventive services. According to the state's interpretation of this regulation, a program will be considered as providing mandated services if those services are designed to specifically prevent foster care; or reduce recidivism into care. A program will be considered as providing optional services if services are not specifically designed to accomplish the above.

The funding mechanisms, have not yet been determined. What remains to be seen is the effect of these decisions on the delivery of preventive services in New York City.

There has been an expansion in the programming for prevention over the last six years. From the original seven 911 programs, there are now forty-seven operational preventive programs. Given this significant expansion and the diverse types of programs that are now funded under the name of prevention, we must now turn to constructing an analytical framework. This framework should consist of program models and viable accountability techniques based upon the programs' goals, objectives, services and service populations. In addition, the recent state definition of prevention needs to be examined in the light of this reality.

The conceptual underpinnings, practicality and political viability of prevention are important for both policymakers and practitioners to understand if prevention is going to be promoted as a priority. This study hopes to shed some light on these issues while raising others for consideration.

Footnotes to Introduction

1. Caplan, G., 1974 *Support Systems and Community Mental Health: Lectures on Concept Development*, Behavioral Publication, New York, pp. 189-190.

2. Kadushin, Alfred, 1967 *Child Welfare Services*, New York, MacMillan, p.124.

3. Jones, M.A., Neuman, R., Shyne, A.W., 1976 *A Second Chance for Families: Evaluation of a Program to Reduce Foster Care*, Child Welfare League of America, New York, N.Y.

4. *Ibid*; p. 6.

5. *New York State Child Welfare Reform Act*, 1979, p. 2.

II. DATA ANALYSIS

II. DATA ANALYSIS

Introduction

This chapter presents specific findings resulting from an analysis of the data collected through the Data Collection Form, Interview Guides, and Case Record Schedule. The data collected by the Data Collection Forms and Case Record Schedules was unreliable and non-comparable. This is reflective of the individual programs' methods of data collection; standardized methods of data collection and case recordkeeping have not as yet been established by the city and state for preventive programs. For a complete discussion of data limitations, please see Appendix A, Survey Methodology.

Two other sources of data were the Preventive Services Applications for Fiscal Year 1979 (FY'79) and monthly statistical reports submitted by each preventive program to SSC.

In-depth discussions of these findings follows in Chapter III, Major Findings and Observations.

A. Evaluation and Case Record Content

Source: all instruments

Findings:

1) Data contained in the applications and monthly reports were internally inconsistent. Basic information such as number of clients served, size of caseloads and quantity of services delivered was missing.

2) Each program had its own method of case recordkeeping and rarely aggregated information on the same indices or factors for all cases.

3) Programs sponsored by foster care agencies rarely kept data, both program and fiscal, independently from their sponsors.

4) Estimated time spent by direct service staff on case recordings varied from a few hours per day to a full day per week.

5) All case recordings contained some type of intake form.

6) Few programs had routine mechanisms for aggregating program data and statistics.

Of the 176 case records read:

7) 90% of the case records listed clients' name, age, sex, whereabouts and special problems in the case record.

8) 80% of the cases recorded occupation and/or school status.

9) Programs did not routinely collect complete identifying information on a client's family members; 78% of the records contained their name and 56% contained their school or occupational status.

10) 60% of the records listed the client's zip code.

11) 98% of the cases recorded opening and closing dates for their cases.

12) 92% of the cases identified a primary client.

13) 75% of cases indicated a date of referral to the program.

14) 90% + of the cases contained some type of a service plan.

15) 65% of the cases contained at least one evaluation report.

16) Less than 50% of the case records contained one SSC reporting form.

B. Prevention and the "At Risk" Child

Source: Interview Guides (a total of 199 interviews were conducted: 52 of program and executive directors; 44 of supervisory staff; 103 of direct service staff)

Findings:

1) Five programs had a specific procedure for determining that a child should be referred for placement.

2) Twelve directors specifically cited abuse as a common reason for placement; seven mentioned neglect. Other responses included "last resort," "no cooperation/progress," "parent can't cope," and references to the safety of the child.

3) Six programs responded that they had developed formal written guidelines to help staff make the determination as to whether or not a child had been abused/neglected.

C. Systems Failures and Unmet Needs (see Table 1, Appendix B)

Source: Data Collection Forms and Interview Guides

Findings:

1) The most frequent unmet needs as stated by program directors (in 47 interviews) were education (specified 24 times), employment (22 times), and housing (20 times).

2) Other common responses included the need for health services, mental health services, adolescent crash pads, recreation, after care services, family and infant day care and respite care for mothers.

3) During FY'79, 20.7% of the referrals were from schools, which was th second most common referral source following self-referrals, 24.8%. (Based up 30 Data Collection responses)

D. Reasons for Rejection and Termination and the Engagement Process (see Tables 4 and 5 in Appendix B)

Source: Data Collection Forms

Findings: (1-4 are based upon 28 prorams responding)

1) The most common reason for rejecting a case (28.8%) was the lack of client response to program outreach efforts.

2) Other reasons for rejecting a case, in descending order of frequency, were: the client lived outside of the catchment area, requested services were not available, the client was referred out or provided with a one time service, the prescribed service was not available, the client was over or under a set age limit, the referral was withdrawn, there was no vacancy, and, least often (1.2%), placement or adoption was required.

3) Although only three programs specifically noted the number of cases which were referred out, personnel at all of the programs claimed that cases which were rejected for any reason were referred to more appropriate services.

4) Only five programs rejected cases because there were no vacancies.

5) 8.9% of the programs reported that a prevalent reason for closing a case was that the client dropped out. If no-shows (6.7%) and these clients who cannot be engaged (1.4%) are included, 17% of the cases terminated in FY'79 involved a lack of cooperation or interest on the part of the clients. (Based upon 30 programs responding)

E. Relationship of Programs to SSC (see Tables 1, 2 and 3 in Appendix B)

Source: Data Collection Forms and Interview Guides

Findings:

1) 1.8% of the total referrals to preventive programs during FY'79 came from SSC. Most program directors stated, however, that a subtantial number of their cases, although not referred by SSC, were known to SSC.

2) Three programs received over 10% of their referrals from SSC; seventeen programs received less than 10% of their referrals from SSC. Ten programs received no referrals from SSC. (Based upon 30 Data Collection responses)

Of the 47 programs:

3) Adjectives commonly used to describe this relationship included: "frustrating," "confusing," "poor," and "limited." Only six programs described their overall relationship with SSC as being positive.

4) One program director reported no contact with SSC's main office (i.e., Office of Program Planning); thirteen reported no contact with the field offices and an additional four directors indicated that these contacts were few and difficult.

5) Eight directors stated that their programs never worked actively with SSC on individual cases.

6) Four directors were unaware of the SSC abuse/neglect reporting procedure.

7) Two social service directors did not know what SSC was.

F. Referrals Received and Accepted (see Tables 2 and 3 in Appendix B)

Source: Data Collection Forms

Findings: (Based upon 28 programs responding)

1) One-fourth of the population being referred for preventive services (24.8%) were self-referrals. Other sources, in descending order of magnitude, were schools, other social service agencies, the courts, friends and neighbors, various police units, sponsoring agencies, hospitals, SSC and legal aid.

2) Of the twenty-eight programs reporting, six accepted 100% of their referrals and eight accepted more than 80%. Only four agencies accepted less than half of their referrals.

3) The distribution among referral sources of cases which were accepted parallels the distribution of total referrals. The proportion of those

accepted was slightly lower than the proportion received from SSC, the courts, sponsoring agencies, hospitals, police, and legal aid. The proportion accepted was higher for self-referrals, those referred by friends and neighbors and schools, and the proportion of acceptance among referrals from other social service agencies remained stable. There is no apparent trend among the agencies, taken as one group, to reject referrals from a specific source.

G. Primary Presenting Problems (see Table 7 in Appendix B)

Sources: Data Collection Forms and Interview Guides

Findings: (Based upon 27 Data Collection responses)

1) 63.4% of the families accepted for service by preventive service programs during FY'79 had a presenting problem which was "child-related;" less than 10% of the families had a "parent-related" problem. (According to the Child Welfare Information System, most children enter foster care for "parent-related" reasons.)

2) 11.8% of the cases had "environmental" presenting problems. Responses in interviews stressed the fact that problems of housing, under-employment and unemployment and insufficient services nearly always accompanied other presenting problems.

H. Population Served (see Tables 6, 8 and 9 in Appendix B)

Sources: Data Collection Forms and Interview Guides

Findings: Families Served (Based upon 33 Data Collection responses)

1) Preventive programs served from 14 to 1,000 families in FY'79, with an average of 181.3.

2) Eighteen programs served 100 or more families and fifteen served less than 100 families.

Children Served

1) The preventive service programs served between 46 and 1,085 children during FY'79. The average number of children served (with twenty-six programs reporting) was 289.2.

Based upon twenty-three programs reporting the age distribution of the children served:

2) 47.3% were between thirteen and eighteen, 41.1% were between six and twelve, 11.7% were between zero and five years old.

3) Six programs served no children who were five years old and under and one program served only this age group.

4) Two programs did not serve any children aged six to twelve years old. In another three programs, less than one-third of the children were in this group. In six programs, more than half of the children served were in this age group, but in only one case was the figure over 60%.

5) One program served no children aged thirteen to eighteen and one program served this group exclusively. In five more programs, more than half of the children served were in this age group, and the figure was greater than 60% in four of these cases. In seven cases, less than one-third of the children were aged thirteen to eighteen years old.

Based upon twenty-two programs reporting:

6) For FY'79, 58.4% of the children served were male and 41.6% were female.

7) Nineteen programs served more boys than girls and only three served more girls.

Children Placed (1 and 2 are based upon 23 programs responding)

1) 86.7% of those referred for placement were placed.

2) Although the largest number of children served were in the thirteen to eighteen age group, the largest number of children placed in foster care were aged six to twelve (45.3%) followed by those aged thirteen to eighteen (31.4%) and children aged zero to five years old (23.4%).

3) Of the children placed in foster care by the twenty-two programs reporting this information, 51.1% were male and 48.9% were female.

Client Characteristics

Based on 47 programs:

1) The parent/family problem cited most often was insufficient financial resources, at thirty-two programs.

2) The second most common problem, noted by twenty-five directors, was the lack of support systems for the families. In addition, eleven directors characterized their clients as isolated.

3) Education and housing needs, both mentioned twenty-four times, were also prominent problems. Insufficient or ineffective parenting skills was almost as commonly noted by twenty-three directors.

4) Other problem areas which were mentioned frequently included mental health (fourteen), health (eleven), substance abuse (ten), and the special needs of single parents and adolescent mothers were raised several times.

5) As a summary comment of all of these difficulties, twenty-two of the program directors characterized their clients as "overwhelmed."

6) The two most common problem areas for children were education (mentioned 28 times) and behavior (mentioned twenty-seven times).

7) Other problems cited were court involvement (thirteen), substance abuse (eleven), mental health problems (ten), foster care involvement (nine), abuse or neglect victim (eight), and adolescent pregnancy (three).

I. Indices of Program Success (see Tables 2, 3, 5 and 9 in Appendix B)

Source: Data Collection Forms

Findings:

1) Almost 80% of the referrals made to preventive programs in FY'79 were accepted. (Based upon 28 program responses)

2) The primary reason for terminating a case was that goals had been achieved (63.1%). (Based upon 30 program responses)

3) Only 4% of the closed cases involved placing a child in foster care; 3.4% planned placement and 0.6% were emergency placements. (Based upon 30 program responses)

4) In FY'79, 123 children were placed in foster care; this represented 1.9% of the total children served. (Based upon 21 program responses)

J. Relationship with Sponsoring Agency

Source: Interview Guides

Findings:

Based on 47 programs:

1) Forty operational programs are sponsored larger social service agencies.

2) In twenty-nine cases, the programs received a service from the sponsor. This included a 24-hour hot-line, staff training or seminars, and consulting psychologists or psychiatrists.

3) Twenty-one of the programs shared space with the sponsoring agency.

4) Twenty-four of the programs depended on the sponsor's clerical and/or bookkeeping/payroll staff.

5) Thirteen of the programs actually shared program staff with another program component of the sponsoring agency. (This does not reflect that the executive director of an agency is ultimately responsible for the program.)

K. Community Involvement

Source: Interview Guides

Findings:

1) Only four of the forty-seven operational programs did not actively initiate any community involvement.

2) Staff at forty of the programs described community involvement as recruitment and extensive outreach to clients. Most often, it was defined as either home visits to engage clients or outreach to community organizations to encourage referrals.

3) Twenty-nine programs provided information and referral to other community organizations as community involvement. Twenty-seven of these programs also engaged in recruitment activities; two programs stated that information and referral was the only community involvement activity.

4) Eight programs were involved in community organizing or community development activities. These included coordinating community organizations, developing formal task forces or communication networks, organizing block and/or tenant organiztions, sponsoring community recreational activities or special events (not limited to clients), or actually cleaning the neighborhood. All of these programs also provided recruitment activities and five also provid information and referral.

III. MAJOR FINDINGS AND OBSERVATIONS

III. MAJOR FINDINGS AND OBSERVATIONS

Introduction

The following chapter is a discussion of key data areas. This discussion builds upon the data presented in Chapter II and highlights the key findings of the study.

A. Evaluation as a Tool for Program Planning

The pronounced absence of reliable basic information about preventive service programs such as number of clients served, size of caseloads and quantity of services is a clear indication that it is necessary to begin compiling detailed, comprehensive data to describe the range of preventive service programs. Without a complete evaluation of these programs, qualitative differences in services and service impact among programs cannot be perceived. (See Chapter II A.)

For practical purposes, there are two audiences interested in program evaluation: program funders and program managers. Generally, program funders use evaluation to determine funding levels; whereas program managers are interested in improving program functioning. Evaluations preferred by program funders do not always meet the needs of program managers. Few SSC contracted programs contain any mechanism for evaluation on either a fiscal or programmatic level. Although there are several reasons for this lack, three in particular stand out. First, there has been no demand from SSC. Second, program management is often overwhelmed at the enormity of the task and the lack of funding and professional consultation on evaluation available to them. Third, and less frequently admitted, is the fear of undertaking a process which program managers perceive as potentially detrimental to their program.

Before beginning a discussion of the need for program evaluation and the types that could and should be conducted, it is helpful to first review some of the survey's findings regarding evaluation. They are as follows:

-- To date, SSC evaluations of preventive programs has been limited to monitoring that consists of annual site visits and monthly statistical reports. Only those programs originally funded by CJCC and Title XX, which requires an extensive evaluation as part of the funding contract, submitted evidence of comprehensive evaluation efforts.

-- Programs have not been routinely subjected to independent fiscal audits.

-- Analysis of the completed Data Collection Forms produced no useful data.

-- Review of the content of the case records revealed wide variations in the types and amount of information recorded.

-- Programs have few means of measuring quantity and quality of services provided.

-- No baseline indices of program effectiveness have been developed against which all preventive service programs can be evaluated.

-- The majority of programs are unable to correlate program intervention with goal attainment.

Although these findings do substantiate the enormity of the task faced by preventive service program evaluators, be they program managers or program funders, it should not be concluded that evaluation of preventive programs is an impossible task, neither should the absence of such an evaluation be taken as an indicator of these programs' ineffectiveness. The lack of comparable data and baseline indices does not presently allow for comparative or overall evaluations. However, there are a variety of ways in which SSC and program managers interested in assessing program effectiveness can immediately begin the process.

1. Individual Evaluation

At this point it is possible to comprehensively evaluate each preventive service program individually against what it says it does, and there are five categories by which the success or failure of a program may be determined. Each program should be independently evaluated by outside evaluators in terms of one or all of the following areas:

- Effort - a description of the type and quantity of program activity.
- Effectivenss - the results of the effort and the extent to which goals have been achieved.
- Impact - the degree to which effective performance is adequate to the total amount of need.
- Process - an analysis of the process whereby a program produces the results it does.
- Efficiency - a determination of the relative cost of achieving the outcomes.

2. Self Evaluations

Self-evaluation can also be readily conducted. The New York Fund/United Way has drafted a handbook on self-evaluation which adjusts "Management by Objectives" concepts generally used to generate specificity and accountability in the business world, to the needs of human service organizations. The handbook provides a practical guide to agencies and sponsors in areas ranging from decision making in choosing the system to formulating measureable goals and objectives. It also provides a broad range of suggested techniques for measurement along with a checklist of criteria to assist programs in choosing the most effective measurement methods. (Newman & Belinkey, November, 1979)

3. Cross Program Evaluations

Comparative evaluations of programs falling within groupings and prototypes is another way that preventive service programs can be evaluated now. The prototypes, which were developed by the survey team based on an analysis of all the data collected from the programs, offer an organizational framework in which to look at the programs. Using the prototypes, programs can be comparatively evaluated in terms of total program or on the basis of one of the above evaluation criteria such as program strategy or program impact.

Additionally, evaluations, both within prototypes and between prototypes, could provide firmer data about what works well for particular populations and presenting problems, given varied settings, environments, methodologies and staff capabilities. This type of evaluation could render valuable information on which baseline preventive service performance goals and indicators, parallel to foster care's "Child Care Indicators," could be developed. The foster care indicators represent measures of an agency's performance in achieving five goals:

1) Setting long-term goals
2) Discharge to own responsibility or adult custodial care
3) Discharge to parents or relatives
4) Adoption
5) Limiting length of time in foster care

For example, goals 3 and 5 could, with some refinement, be used for those preventive programs which work with the families of children still in care, in other words tertiary prevention.

Goal 1 could be broken down into specific indices applicable to all three levels of prevention. Such indices could include:

- ability of program to set short-term measureable program and client goals;
- ability of program to set long-term, measureable program and client goals; and
- ability of program to monitor and document changes in client behavior over time (i.e., measur[illegible]act of services delivered).

4. Case Records Readings

The case records presently compiled are a valuable source of information. If a statistically significant number of these records are read, the information gained from this process would give researchers an accurate picture of what kind of case specific information is kept by each preventive program and within groupings and prototypes. Analysis would disclose existing information gaps and decisions could then be made as to what data needs to be collected to fill these gaps. This process could result in standardized case records and client accountability forms.

A similar process was used and outcome achieved by the Philadelphia Health Management Corporation who used existing case records of an Early Intervention Project as a means of evaluation. The information obtained was then used as a basis "for development of a structured monitoring method." (Flaherty et. al., May, 1978)

Preventive service programs keep records for different reasons -- for example, to provide accountability to funders, to keep track of a client, to document activities and to be able to transfer cases among workers. Some programs, particularly those with a mental health orientation, relied heavily on case records as part of the treatment process. Other programs did not feel extensive information gathering and activity recordings were necessary for effective service delivery.

Case record keeping and individual program requirements appeared to be influenced by:

- the program's sponsoring agency;
- the program's initial funding sources;
- the program director's orientation vis-a-vis case recordkeeping; and
- the program's service focus.

The following examples demonstrate the variety of case record formats. Programs sponsored by large child care agencies, such as Catholic Charities or Jewish Board of Family and Children Services have computerized forms supplied by the sponsoring agencies (see Appendix D). There are programs, such as Sunset Park, which have designed extensive and detailed case records for case and program documentation. Programs which began with CJCC monies tend to have comprehensive intake forms which include questions pertaining to the juvenile justice system and perform psychosocials routinely. Advocates for Children requests only information essential to their advocacy work.

Now that all programs are required to submit a DSS-2560 (federal eligibility form) on each family served to SSC, baseline data on client and family characteristics and presenting problems should shortly be established. There is one major flaw with the new form. This is the fact that programs must specify in writing that the child/family receiving services is "at risk" of becoming an abuse/neglect case or that the child is "at risk" of foster care placement. Parents are then required to sign the form attesting to the request for service. In view of the discussion of various levels of intervention, this requirement mandates either late intervention or programs mislabeling a situation in order to receive authorization to serve clients. From the clients' perspective, the requirement often forces clients to "admit" to an untrue situation which reflects poorly on them, in order to receive services.

Certain basic information should be collected on a simple form -- perhaps a revised version of the DSS-2560 -- and then programs might collect other basic information in keeping with their goals and methodology. Recommendations for this level of data might be made according to program groupings or prototypes. This would encourage program autonomy and flexibility while still allowing for accountability.

Programs differed substantially in their methods of recording case activity. Some programs logged within the case record, each client contact and its content on a sheet with no consistent form. Several programs had developed coded sheets on which each client contact was tallied. Others had structured outlines for monthly or quarterly summaries which listed dates and types of contacts and summarized activities and changes. Although all forms will collect certain basic information, they may vary according to prototypes.

5. Preventive Service System Evaluations

An evaluation of the entire preventive service network cannot be conducted until the groundwork has been laid. Neither comparative evaluations nor evaluations designed to determine the success of preventive service as a whole can be conducted until comparable data can be aggregated and baseline indicators have been established. These two missing factors, essential to the evaluation process, will only emerge as a result of the other types of suggested evaluations which can be instituted now.

B. Prevention and the "At Risk" Child

One of the purposes of this Preventive Service Survey was to develop an understanding of how preventive services currently operate in New York City. Two questions asked were: "What does preventive services mean, both theoretically and operationally?" And, "What is an 'at risk' child?" (See Chapter II B.)

The Child Welfare Reform Act of 1979 defines prevention as the (1) averting of family disruption so as to prevent placement; (2) enabling a child to leave care sooner than anticipated; and (3) reducing the rate of recidivism back into care. And SSC interprets the legislation as providing services to "at risk families." Yet within the field, there is a range of opinion as to what preventive services are and who is "at risk."

When asked to give personal definitions of preventive services, the responses of program directors and staff alike ranged from "to prevent foster care" to "any service/activity that will enhance the physical, emotional, educational and social growth of a child and allow him to develop to his greatest potential." They continually stressed that implicit in prevention was the early nature and timing of the intervention -- early in a child's life or early in the course of events before a situation became disruptive and caused a crisis.

Those queried also emphasized the need to remove or reduce outside stress-causing factors such as poor housing, financial need, an unresponsive educational system, and lack of leisure time activities, in order to help stabilize the family system.

However, the operational definitions of preventive services were not as varied as the personal ones. All programs stated their ultimate goal was to prevent/reduce the need for foster care. Although philosophies, service strategies, points of intervention - both in terms of timing and recipient - and criteria of success, differed significantly among programs, their goals and objectives did not.

Most programs' goals and objectives were stated in nebulous terms such as "develop coping behavior" and did not clearly reflect a program's long or short-term goals, its strategies and activities.

Part of this vagueness is due to funding requirements which favor secondary and tertiary level approaches to prevention: that is, intervention efforts aimed at a population of children about to be moved into foster care or institutional placement or about to be returned home from foster care; services stress intensive casework/therapy, home visiting and psychiatric testing and evaluation. Consequently, programs wishing to take a primary level approach (i.e., to target the entire population of a particular community) are required to obscure their methodology in the accepted preventive service program format and jargon. For example, many program directors who believed preventive service delivery requires extensive grass-roots organizing, community involvement of other agencies and community development activities, indicated that SSC asked them to strike mention of such activities from their proposals.

All preventive programs are funded to serve the "at risk" child. Yet, during the survey, it became evident that the definitions of "at risk" were even more diverse than those of prevention. At present, SSC's definition of "at risk" is vague and only states that a child "need not be in imminent need of placement." However, there are no written guidelines which establish the minimum and maximum criteria for the "at risk" status.

No one interviewed identified a point at which a child became "at risk," but interviewees discussed a continuum of events and characteristics that could qualify a family or child as being "at risk."

Six programs have written guidelines to help workers make this determination. The guidelines give workers a variety of specific indicators to consider when assessing a family, the complexity of its problems, and its ability to cope. Examples of some of these indicators are: young child with premature responsibilities; poverty (chronic and devasting); pressured parenting figure; a single parent; age of parents, i.e., too young, too old; truancy; abuse, physical and mental; physical or mental problems of parents; substance abuse, alcohol or drugs; and neglect (failure to provide for basic needs).

Differences in the definition of "at risk" provokes disagreements as to the eligibility of particular clients, and several programs find themselves in a Catch-22 situation serving two sets of clients -- those clients who would be authorized by SSC and those who would not. Therefore, programs are delivering primary level services that are not encouraged by SSC. Program directors see this discrepancy as a constraint to programming and service delivery and fear that the new preventive service funding stream would only encourage secondary and tertiary prevention and discourage or even destroy primary prevention efforts.

This concern is intensified by the new funding mechanism tied to the current legislation. State resolutions have interpreted the funding formula to grant a 75% state match to programs intervening on a secondary or tertiary level (i.e., programs providing mandated preventive services); other programs will be funded on the current 50% state match basis (i.e., programs providing optional preventive services).

Perhaps the state regulatory definition of preventive services needs to be revised, but right now it is imperative that New York City's interpretation of the law be broadened in order to allow for more flexibility in programming. Any definition of preventive services should be cognizant of all levels -- primary, secondary and tertiary -- of prevention.

The definition contained in the Child Welfare Reform Act emphasizes the secondary and tertiary levels and alludes to primary prevention measures as can be seen in the paraphrase above. In order to strengthen and clarify this definition, each of the three levels of prevention should be linked to sets of characteristics which identify the "at risk" child and/or family eligible for service.

Programs are intervening on the primary level although it is more difficult to justify primary level techniques. However, if needs have been identified and documented, if goals and objectives are focused and measurable with a causal relationship having been established, primary level prevention should be considered as legitimate for funding as either secondary or tertiary levels.

C. Systems Failure: The Impact on Prevention

Interviews with program directors, supervisors and direct service staff revealed that, to a great extent, preventive programs are providing services as a response to the ineffective, insufficient or unresponsive nature of other social service programs. In other words, a major service component of preventive programs is defined by the service gaps of other public systems. (See Chapter II C.)

Two phrases, which recurred constantly during the site visits, describe this situation: "assisting clients to negotiate bureaucracies" and "filling the gaps from other systems' failures."

Case advocacy is a primary service for all of the preventive programs. Whether this takes the form of accompanying clients to appointments, making phone calls and writing letters, or contacting a liaison, caseworkers spend a major portion of their time dealing with social service bureaucracies on behalf of clients. The primary target for this service is the Gordian Knot which is the public assistance system. It is ironic that the Department of Social Services contracts with voluntary agencies to negotiate with Department of Social Services personnel at Income Maintenance Centers for clients. Staff for preventive programs frequently noted that they could expedite matters for clients once they had been identified as "families at risk" receiving preventive services. Two questions immediately arise: (1) Are there systemic problems with public assistance programs that are adversely affecting those recipients who have no "assistance negotiating the bureaucracy?" (2) Is the need for "assistance negotiating the bureaucracy" symptomatic of high-risk families or could it be one of the factors that results in a family being at risk?

The public assistance system is not the only focus of case advocacy. Preventive programs also attempt to establish tenant rights for clients and assist them in dealing with the education system (protecting the rights of handicapped children and participating in suspension hearings) and the health and mental health systems (negotiating for medicaid and medicare payments and providing information and referral for appropriate care).

The relationship between preventive programs and other social service systems is not fully described by efforts to cut through red tape, expedite procedures, and protect client's rights. Again and again, staff at the preventive programs characterized their roles as following-up on the failures of other systems. This included providing information and referral and case management for persons who are eligible for services from the Department of General Social Services. It also involves providing tutoring and remediation services to those children who are not being adequately served by the school system. Preventive programs, especially those falling into the "mental health" grouping, often provide services that are actually the responsibility of the mental health system.

Obviously, this project did not have the resources to examine the problems in the other public service providers which interact with the families served by preventive programs. It is clear, however, that it is not enough to fund forty-seven programs to assist those families with multiple problems that have eventually led to a risk of placement.

Relationship of Preventive Programs to the Educational System

One of the major systems with which preventive programs have to deal with regularly is education.

After analyzing and reviewing all the data collected, it was noted that more than half of the preventive programs reported, either in the Data Collection Form or at the time of site visits, that school-related problems ranging from behind grade level work and unmet special needs to truancy and suspension, were the most common presenting problems and/or reasons for referrals. In addition, case records often indicated the presence of school-related problems for at least one child in the family regardless of the initial reason for referral.

Although the study did not specifically address educationally related problems and service responses, the above findings warranted attention. Therefore, it was decided to present those relationships which emerged between the preventive service programs and the educational system.

Of the eight citywide programs, one, Project Outreach, is an alternative school staffed by Board of Education teachers; one program, Under 21, offers tutoring through the sponsor's school; and another, Joint Planning Service, purchases tutoring services. Advocates for Children is a program which utilizes case and issue advocacy around educational issues and has developed an intimate knowledge of New York City's educational system.

Of the twelve boroughwide programs one, Infants Home of Brooklyn, is an alternative school staffed by Board of Education teachers; Staten Island Reception Center has an alternative school on site with Board of Education staff. Interestingly enough, the four juvenile diversion programs, Tri-Agency, Placement Prevention for Juveniles on Probation, Neighborhood Youth Diversion and Youth Guardian Service all provide tutoring in-house often delivered by counselors. One program, Childrens Aid Society, purhcases tutoring services.

Of the twenty-five community-based programs, two, Project Basement and Family Reception Center have alternative Board of Education schools. The former program provides some staff to the school. One program, Community Mediation Training is sponsored by School District #10 and operates out of two schools. Two programs, Brooke Avenue and Riverdale, have program staff located in schools to augment guidance services. Sunset Park uses a local school for parenting training classes and after-school recreation. Rheedlen, a truancy prevention program whose core services are reading and math remediation, has Board of Education teachers on staff. Wiltwyck's youngsters have access to the sponsor's school. All of the community-based programs have developed in varying degrees, relationships with local schools for referrals and monitoring of youngsters.

What emerges are a variety of relationships developed to provide needed educational services to children. In addition, a number of programs devote casework time to informal tutoring and many engage in case advocacy to meet educational needs.

Since schools are the primary alternate site in which children function, prevention strategies must include an effort to reconcile program and school.

D. The "Engagement Process"

Preventive service programs are dependent on the voluntary participation of clients, and clients generally searching out program services are under stress. Consequently, client involvement must be viewed as a process and often services must be organized and delivered as part of this process. (See Chapter II D.)

During the interviews an issue that was constantly raised by program directors and staff of all types of programs was the difficulty of "engaging clients" in program services. This problem, be it client resistance, lack of client motivation or lack of client interest in program participation, was further reflected in the data collection findings which indicated that the most common reason for programs rejecting a client was the lack of client response to program outreach and service efforts.

Generally, the intake criteria of preventive service programs is open and flexible and service delivery is informal. Some programs have much more difficulty than others "engaging clients" and factors effecting client participation include type of client served (client characteristics), location of program, language barriers, type of services offered and client needs.

In response to the problem, programs have devised a variety of strategies to combat it.

- Extensive home visiting is a method used by most programs.
- Several programs initially provide concrete services, such as financial assistance and case advocacy to clients as part of a technique to begin to build client trust.
- Other non-threatening concrete services, such as recreation or meals, are used as entry points by some programs.

- Routine escorting of clients to and from the program as part of the service strategy is another method of engaging clients.

These are all viable strategies attempting to reach and attract a troubled client population. These strategies would be strengthened if they were part of an ongoing self-evaluation process as discussed previously. This process should further examine an individual program's components and target population.

E. Relationship of Preventive Service Programs to Special Services for Children

A primary purpose of these preventive service programs is to divert children from foster care and ultimately reduce the number of children in care -- a concept SSC supports in its policy statements and by the increased number of preventive programs it has contracted with. SSC's responsibilities as a public contractor are not being adequately met. (See Chapter II E.)

In the past six years, the number of SSC contracts with preventive service programs has grown dramatically. In 1973, SSC contracted with seven "911" demonstration projects. As of September 1979, the number of operational programs had increased to forty-seven. SSC began purchasing the services of two-thirds of these programs only within the past two years.

SSC policies, mandates and procedures for preventive service programs are detailed in a memo revised on March 15, 1979, and entitled SSC Procedure 9 - "Purchase Preventive Services." The memo, which explains the purpose of preventive service, also delineates the responsibilities of both SSC and the preventive service programs.

Mandates include the following:

- The services to the families by the preventive service project must be authorized by SSC and reviewed for re-authorization semi-annually.

- Preventive Service Programs must submit Form PSP-1, Form DSS-2560, and Form W-853-C, for each family, and a monthly roster form for the program.*
- The Preventive Service Programs must maintain family case records which include the DSS-2560 form and case recording of client contact. The DSS-2560 form must indicate problems, goals, and services to be provided.
- SSC must maintain case records on each family for monitoring purposes.

In addition to the mandates, the memo also outlines the procedures by which SSC Field Office caseworkers can refer families to the preventive service programs and the field office's responsibility in planning for, monitoring, and working with these cases is clearly explained.

Attached to the memo is a comprehensive listing of all the preventive service programs with a brief description of the services provided.

The role of SSC with these programs is a dual one. First, as the "contractual agent" for purchased preventive service programs in New York City, SSC is ultimately accountable for the fiscal and programmatic operations of the programs; these are the responsibility of any city agency which contracts out for service. Through the

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* 1. Form PSP-1: Request for Acceptance or Termination of Purchase Preventive Services.
2. Form DSS-2560: Application for Services and Reauthorization. This form indicates the services needed and provided, and financial data pertaining to Title XX programs
3. Form W-853-C: Request for Authorization and Approval for Care and Services.

Office of Program and Planning, SSC contracts with and monitors all programs and is responsible for setting up all policies, mandates and procedures. Secondly, as the governmental agency ultimately responsible for the protection and care of the city's children, SSC (primarily through its five field offices) coordinates, oversees and provides needed services to children when necessary.

As the contractual agent, there are two basic ways in which SSC purchases preventive service programs. They either are funded 100% by city tax-levy monies or Title XX funds, or they are funded on a match grant basis. Programs receiving 100% funding, either receive Title XX monies funnelled through SSC or they are directly funded through SSC's budget with city tax-levy monies.

The remainder of the programs are funded on a match grant basis under three types of match grant arrangements in which the state contributes up 50% of the match. Sources of the additional monies are private agencies, SSC or a combination of the two. Monies contributed by SSC are city tax-levy monies, and it is unclear whether there are any stipulated criteria that determines which programs receive full or partial match financing by SSC.

In reviewing program budgets, which are part of the preventive service application submitted to SSC, it is often difficult to ascertain how programs are funded. Although the state amount of funding is clearly delineated, the amount and source(s) of the match are not. In fact, many surveyed project directors did not know their own funding breakout. There are no written guidelines for determining the contribution of city tax levy funds to any preventive program. Neither is this contribution related to the key question of program performance.

If preventive services are to be a viable and effective alternative for children and families facing the possibility of foster care, SSC must begin referring families to the available community resources. According to SSC administrators, for the last two years there has been a policy of not referring cases to preventive programs.

The findings of this survey strongly suggest that SSC is not living up to its legislative mandate of using every available community alternative before placing a child in foster care. If the concept of preventive services is going to succeed, SSC must take more of a leadership role, especially within its own agency, and promote its purchased preventive service programs.

F. Creative Program Service Strategies

A number of interesting service strategies emerged from the study of the existing programs. These approaches to service delivery can be viewed independently or in combination. The selection of these strategies are not evaluative nor are they meant to be definitive statements on the extent of those available. They can serve as a groundwork for continued research and analysis as well as provide development possibilities for program operators.

1. Service Coordination Strategy

Utilizing a service coordination strategy, the program takes primary case management responsibility for clients, but services are provided by other agencies within the community. With such an arrangement, the program staff have more time to generate service providers in the community and to ensure that clients are handled efficiently and effectively.

2. Client Participation Strategy

In this strategy, services are designed to create situations in which clients can form bonds with each other and where participation by clients in a variety of activities is seen as a more direct approach to helping clients reduce their alienation and possibly enhance their self-esteem. Examples of these activities include:

- Parent Consultants: Some programs use former clients as treatment workers. Such parent consultants provide important and often overlooked perspectives on the needs of clients while benefitting themselves from direct involvement in service delivery.

- Peer Forums: A number of programs have developed these forums which are groups designed to bring together individuals of similar backgrounds and with similar problems. Encouraging clients to participate in such groups can be therapeutic for both the client and the group members. Participation may include actually helping to organize and manage the group's activities or running the activity.

3. Educational Remediation Strategy

In this strategy, services are designed to meet the need for intensive educational remediation. There are two examples of this design:

- Alternative School: Here, educational services are delivered by certified Board of Education teachers paid by the Board of Education; program staff are responsible for the delivery of a variety of treatment services, generally individual, group or family therapy/counseling.
- Remedial Setting: Both remedial and treatment services are delivered by program staff. Often, the educational services are augmented by volunteers who provide tutoring.

4. Community Involvement and/or Community Development Strategy

In this strategy, the community is the client and services are weighted towards family improvement as contingent upon neighborhood improvement. Further characterizations include extensive community outreach and community education to build an aware and informed constituency. Utilizing this approach involves the initiation and participation of programs in a range of community activities including social events, neighborhood improvement activities and local coalitions. Staff and clients are involved in all aspects of program activity.

5. Life Skills Training Strategy

In this strategy, specific "at risk" populations are targeted such as the pregnant adolescent and the alleged or adjudicated abusive parent. The core service is formalized parenting training to educate parents as to how to better understand and care for their children. Services are generally weighted towards mental health treatment. This approach often includes a therapeutic nursery or "day care" component for children. It can also include a mother-child residential component.

6. Advocacy Strategy

The advocacy strategy emphasizes a shared common objective of advocating on behalf of clients to protect them from system abuses thus safe-guarding their rights. While case advocacy is the primary service, this is seen as a means to achieve system reform through issue advocacy. Services are concrete, defined and need immediate attention. Essentially, these programs negotiate other systems such as welfare, education and housing to best serve their clients.

7. Combination Strategies

There are many possible combinations of services that would result in viable programs. For example, the incorporation of recreational programming into a program which stresses client participation for adolescents or the inclusion of vocational services into an educational remediation program. Still, little is known about which services are most effective for given clients. Therefore, it is important for programs to try new strategies and to assess how well they work. The following examples describe three theoretical composite programs that make use of different service mixes.

- Program A is an independent program working specifically with adolescents exhibiting a range of problem behaviors at home, school or in the community. Recreation is offered as a non-threatening service to engage youth. It offers a combination of remediation, vocational and treatment services. It has a 24-hour hotline manned by adolescents who have made progress in the program. These same youngsters organize and run all recreational activities. There are regularly scheduled classes on birth control and what it means to be a parent to which children and parents are invited.

- Program B is housed within the public agency's Protective Services. This special child abuse unit provides adults with individual counseling complimented by advocacy services, particularly those related to income and housing. Clients' children, who have been diverted from placement by the program, are worked with in a nursery, and referred for day care whenever necessary.

- Program C is a borough-wide vocational testing, job training, and job placement program sponsored by a consortium of government representatives, local school administrators, local businesses, corporations and consumers. Tutoring is provided by volunteer teachers and graduate students. Once a youngster has improved in basic educational skills, he/she is apprenticed to learn on-the-job skills as well as becoming familiar with the world of work. Families participate in program activities thorugh an advisory board.

It is hoped that the information presented in this section, together with the profiles, will contribute to creative programming, guidelines for monitoring and accountability, and other service mixes.

IV. RECOMMENDATIONS

IV. RECOMMENDATIONS

This report constitutes a preliminary survey of the preventive service programs in New York City with which SSC contracts. The consequent recommendations emanate directly from the survey findings. The development of a strong network of preventive services programs is a linchpin in the child welfare system. Consequently, these recommendations are intended to help administrators of public and private agencies, legislators and other public officials in their efforts to strengthen the preventive service network as a viable alternative for families under stress. Increased resources may be needed from a variety of levels of government in order to implement these recommendations if there is to be a serious commitment to prevention, and we firmly believe such a commitment is necessary.

1. In order to strengthen and clarify the definition of prevention contained in the Child Welfare Reform Act, each of the three levels of prevention should be linked to sets of characteristics which identify the "at risk" child and/or family eligible for service.

2. SSC's interpretation of the Child Welfare Reform Act needs to be broadened in order to allow for more flexibility in programming.

Funding directs program activities. Contracts should encourage programmatic flexibility and creativity and allow programs to focus on long-term goals and objectives that reflect the needs of their service population. SSC's present interpretation of the legislation is narrow; in funding preventive service programs it should encourage all three levels -- primary, secondary and tertiary -- of prevention.

3. All preventive programs must be comprehensively evaluated.

The survey revealed that few programs were able to document their efficiency, effectiveness or impact. All programs should be evaluated individually, within prototypes, and as a total group.

a) A performance evaluation of each program should be conducted immediately; programs should be evaluated against what they say they do, and should be required to validate their program by providing a rational base for their service plan.

b) Individual program evaluations should include an independent fiscal audit. Additionally, programs affiliated with larger agencies should be required to keep a separate set of books that detail expenditures which are discrete to preventive service programs.

c) Programs within prototypes should be comparatively evaluated to determine areas of program strength and weakness and to provide firmer data about what works well for particular populations and presenting problems.

d) The preventive service programs, as a network, should be evaluated to determine their overall effectiveness and impact.

4. Performance standard indicators by which to measure preventive service success, parallel to those developed by the child care indicators project for foster care, should be developed.

Presently programs find it difficult to correlate program intervention with the prevention of foster care.

Evaluations of these programs, particularly within and among prototypes should render some firm data about what works well for particular populations given varied settings, environments and staff capabilities and pave the way for the identification and development of specific indications of "success."

5. A city-wide needs assessment must be conducted.

This report is only the first step in the surveying and planning of preventive service programs. Community needs and resources need to be further identified in order to insure effective and efficient planning and implementation of prevention programs.

Additionally, in the future, no preventive service program should be allowed to open or substantially expand without first conducting a needs assessment. This assessment must:

a) identify specific community needs that the program will address;

b) justify how the program, through its defined objectives that are translatable into concrete measures of effectiveness, will address those needs;

c) demonstrate that it is filling a needed gap in services; and

d) establish linkages with existing youth and family services.

6. The city and state should develop a simple, accurate monitoring procedure which will hold programs accountable and generate comparable data.

Presently, SSC's monitoring is limited to annual site visits and monthly statistical forms which generate inconsistent data. Program contracts, goals, and range and frequency of services need to be monitored more closely. In order to aggregate meaningful, consistent and comparable data, both for programs individually and in groups:

- standardized forms clearly specifying the data requested need to be developed; and
- program goals and objectives must be stated in clear, measurable terms.

7. The DSS-2560 forms must be revised.

In devising standardized case-record-client accountability forms, city and state officials must not create barriers to service delivery or encourage program staff to prematurely label clients. The present DSS-2560, which clients must sign, allows programs to justify the need for service only in terms of preventing foster care or abuse or neglect. Client reluctance to sign such a document, or program reluctance to mislabel clients presents a serious barrier to service delivery.

Although the format of the DSS-2560 form is acceptable, the instructions should be revised to reflect the true situation and needs of individual clients. The form should serve as a statement of service requested and delivered rather than as documentation of a pathological label.

8. SSC should take more of a leadership role, especially within its own agency, and promote the use of preventive service programs by its field offices.

The survey's findings revealed only 1.8% of the referrals to preventive services programs came from SSC. According to SSC, for the last two years, SSC has adopted a policy not to refer cases to preventive services. This policy is now under review. Two possible ways of addressing this problem are:

- SSC should locate preventive service intake workers at each field office several days per week to screen referrals for placement into preventive programs.
- Before placing a child in foster care, SSC should demand documentation of and encourage further participation in preventive service programs.

In addition, SSC should direct all preventive service program directors to contact the newly appointed youth coordinators in the Community Planning District(s) each program serves in order to be coordinated with the Comprehensive Youth Planning Process.

9. HRA/SSC should provide foster care agencies with financial incentives to explore and develop alternative preventive programs for children already in foster care.

The official estimates of children inappropriately placed in foster care range from 30% to 60% of those placed. One way of providing a financial incentive on an experimental basis would be to encourage a few agencies to reduce the number of agency beds by perhaps ten, but continue to provide funding for those beds on the condition the agency provide intensive services to the families of children returned to their homes. Agencies participating in such an experiment would have to organize well-planned programs.

10. HRA and SSC should encourage the development of preventive service programs which are designed to bridge the gap with the educational system.

It is well documented that an increasing number of youngsters coming into care have educational problems which this survey's findings further highlighted. Yet, there is a disturbing lack of ongoing coordination between the school system and the preventive service programs. This gap should be bridged; for example, SSC could encourage the cooperation between the Board of Education and preventive programs to develop school-based services as a preventive service design.

11. SSC should provide ongoing technical assistance to programs and act as a clearinghouse for information about the programs.

In order for technical assistance and training to be constantly available to programs, SSC should increase its program development capabilities through university affiliations, working with consultants and community agencies and/or additional staff. The technical assistance and training should focus on program needs such as helping programs clearly define their goals and objectives in measureable terms, refine their service methodologies, and develop techniques of internal evaluation. Additionally, SSC should help programs develop written guidelines for determining whether a child is at risk or is in danger of being abused or neglected.

This practice would upgrade programs, encourage cooperation among them and prevent the re-inventing of existing expertise.

12. A survey should be conducted of all other preventive service programs operating in New York City

There are many preventive service programs funded through the Criminal Justice Coordinating Committee, the Law Enforcement Assistance Administration, the State Division for Youth and the Youth Board, which are not included in this survey.

Examining these programs would identify on a city-wide basis who is being served, their needs and could render new ideas for service strategies. It would make it possible for services to be more closely coordinated and help avoid duplication and gaps in service.

V. PROGRAM PROTOTYPES

V. PROGRAM PROTOTYPES

A. Introduction

This survey of preventive service programs has been based on forty-seven very diverse programs. If the current trend continues, this number will increase significantly in the next few years. Before such growth continues haphazardly, there is a need to develop a framework for analyzing existing and potential programs.

By identifying shared and unique characteristics, one can begin to discern what service strategies are used by particular types of programs. Prototypes can be the basis for:

- developing standards;
- evaluating programs;
- identifying gaps in existing program types; and
- building a plan for the future growth of the preventive service network in the City and State.

Finally, a systematic comparison of program characteristics will set the stage for the replication of specific service strategies in other programs. Therefore, this chapter will discuss in detail eight prototypes which have emerged from the data analysis.

Since this study made no attempt to evaluate programs, there is no implication that any prototype is "better" or more effective than any other; nor can it be construed either positively or negatively whether or not a program fell into a prototype.

In reviewing the programs' profiles, it immediately became apparent that all programs had a few (but significant) areas of commonality. The utlimate goal of the programs is the prevention of foster care placement by stabilizing the family unit. Casework is the umbrella service although its emphasis differs among programs. The clients' presenting problems frequently require crisis intervention, and are often caused by environmental stresses. However, beyond these similarities, programs were fairly distinct.

After several attempts to group the programs according to broad shared characteristics, it became apparent that the only meaningful patterns emerged when the programs were sorted according to three concrete components: program location and catchment area, type of services offered (service focus), and usual recipient of service (target population).

These characteristics are not only the most tangible and most readily identifiable, they are also those crucial elements which help to define and ultimately shape the program.

These three criteria, which eventually became the foundation for the prototypes, were used to organize programs into groups. Prototypes were formed out of eight of these possible groups. (See Chart IV on p. 64.)

A prototype is a group of programs with pronounced similarities. However, they were not identified until each program within each of the groups was closely analyzed according to the following nine dimensions:

1) organizational context;
2) funding;
3) goals and objectives;
4) methods/service strategies;
5) target population;
6) outreach activities;
7) staff;
8) size of program; and
9) hours of operation.

(See Section B of this chapter for a further definition of these dimensions.)

Eight prototypes emerged from this analysis. Three of these prototypes (Prototypes II, VII and VIII) contained programs that have distinctive service strategies and they are discussed individually in terms of all nine dimensions. In addition, there were nine programs which could not be grouped definitively with any one prototype. These programs bore similarities to more than one prototype and will be discussed at the end of the chapter.

B. Definitions of Terms used in the Descriptions of Prototypes

There are many areas in which programs can vary. These include: organizational context, funding, goals and objectives, methods/service strategies, target population, outreach, staff, size and availability of services, i.e., hours of operation. The following questions were used to elicit these characteristics.

(1) Organizational context: Is the program affiliated or independent? What is the relationship to its sponsor? Where is the program located? Is it in one location or several? It is in the borough or in the community served? What percentage of the clients come from the immediate vicinity of the program?

(2) Funding: How is the program funded? Is there a mix of public and private monies?

(3) Goals and Objectives: What are the different activities that the program is engaged in? These activities broadly include: (a) direct treatment service for the child, parent or family; (b) concrete supportive and advocacy services; (c) coordination of services for clients; and (d) outreach and community involvement.

(4) Method/Service Strategies: Do service strategies reflect goals and objectives? What services are offered? Who is the usual recipient of service? Are treatment services offered directly by the program or will the program coordinate the delivery of service from other agencies? Can the program determine success organizationally and on a case-specific basis?

(5) Target Population: Who is the target population? What are the general characteristics of the population served? From where do most of the referrals emanate? What are the intake criteria?

(6) Outreach: What are the primary communmity outreach activities of the program? For the purposes of the prototypes, outreach activities are those which extend beyond the program and focus on the community(ies) served. Outreach activities range from the development and/or participation on community task forces, organization of clients around particular issues, to home visiting and information and referral.

(7) Staff: What is the background and training of staff?

(8) Size: How large is the program in terms of numbers of clients? What is the average size of caseloads per worker?

(9) Hours: When is the program open? Do hours extend beyond the usual 9-5 workday?

(10) Summary. (level of prevention, ways of studying similarities)

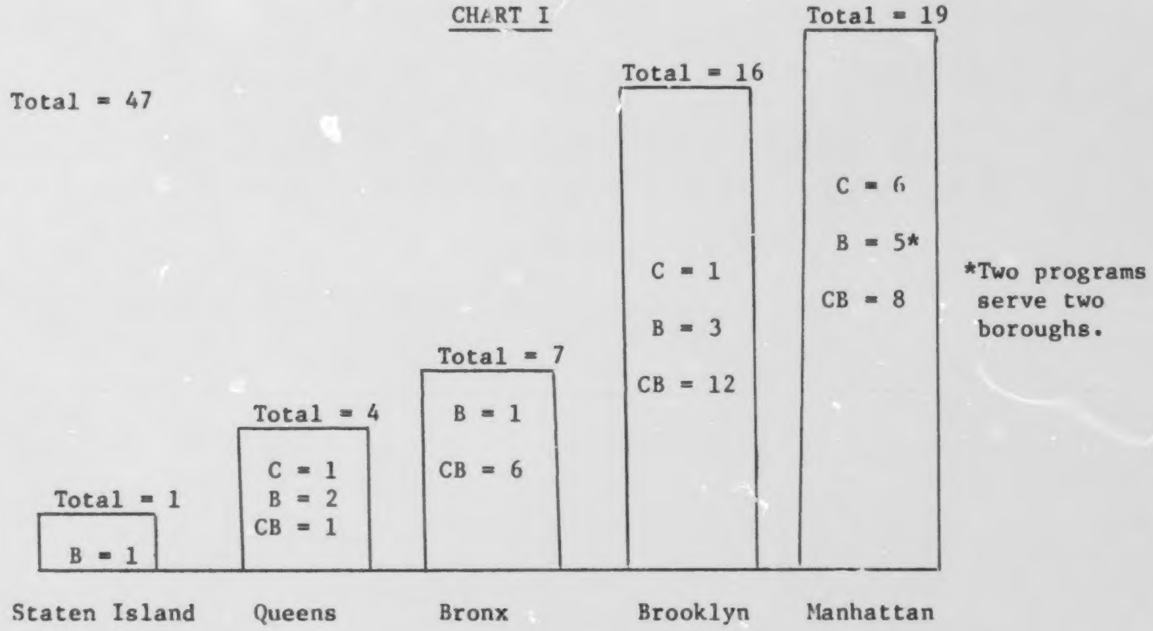
C. Program Groupings

After close examination of several program components and much discussion and experimentation, the preventive programs were divided and analyzed according to the following three criteria:

1) the geographical area served;
2) the focus and type of service; and
3) the client(s), i.e., who is the usual recipient of service.

Geographical Area Served:

CHART I



B = boro-wide C = city-wide CB = community-based

The distribution by borough of preventive service programs can be seen in Chart I.

- City-Wide Programs serve all boroughs.
- Borough-Wide Programs serve a particular borough.

- Community-Based Programs serve a defined catchment area, smaller than a borough, and in which the program is located.

Chart I shows that the majority of the programs serve a limited geographical area in that twenty-seven programs are community based and eleven are borough wide. Of the eight programs considered to be citywide, three exclude Staten Island from their service area. Consequently, only five programs serve all five boroughs.

Program Service Focus

CHART II

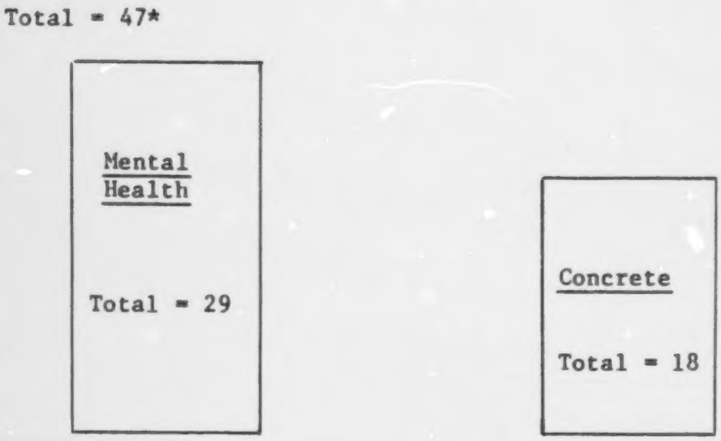


Chart II divides the preventive programs according to overall service focus. Based on an ongoing analysis and discussion of all the services provided by each program, an assessment was made as to whether the overall service focus of each preventive program was "Mental Health" or "Concrete." Edwin Gould and Albert Einstein were just starting up; they are profiled but not included in further breakouts of groupings and prototypes.

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* Forty-five programs were grouped and prototyped; Edwin Gould and Albert Einstein were just starting up - they are profiled but not included in further breakouts of groupings and prototypes. Two programs in Chart II are double counted because of a dual service focus.

For purposes of this survey, "Mental Health" and "Concrete" service groupings are defined as follows:

Mental Health Services: "Mental Health" services are those, primarily supportive counseling or therapy, which focus on a client's emotional growth and development and are augmented, when necessary, by concrete services.

Concrete Services: "Concrete Services" are those which focus on task-oriented activities such as advocacy, education, homemaking, escort services, parenting training and recreation and are augmented by supportive counseling and therapy.

It must be emphasized that these two groupings, which are not mutually exclusive, were arrived at after careful study of interviews and descriptive program material and in part reflect the philosophical inclination of the programs.

Chart II shows a concentration on "Mental Health" service focused preventive programs. There are, however, two programs placed in both categories because of a strong dual philosophical orientation which is reflected by the pronounced split in the use of staff for either "Mental Health" or "Concrete" services.

A detailed listing of services which make up "Mental Health" and "Concrete" groupings is in Appendix C.*

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*Program staff were asked, at the time of site visits, to specify and define all services offered.

Usual Recipient of Service

CHART III

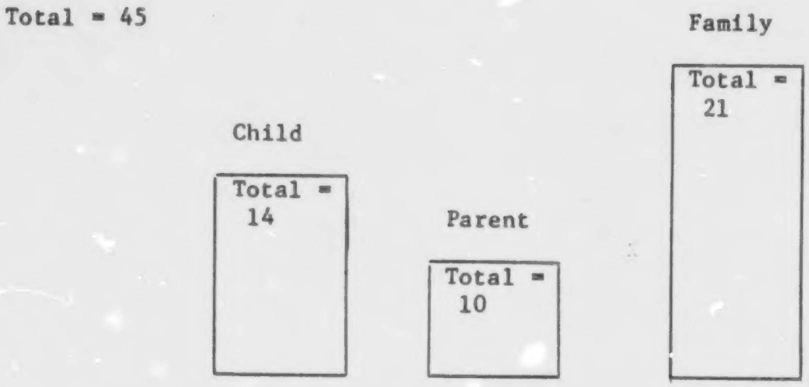

Chart III divides the preventive service programs according to who the usual direct recipient is of the services offered. In other words, where is the energy of direct service staff focused?

Service recipients are divided into the categories of child, parent and family:

Child	connotes anyone up to 18 years old, with the exception of adolescent mothers.
Parent	connotes natural or foster parents, grandparents or legal guardians.
Family	connotes the child, the primary caretakers with whom a child resides and includes siblings and related adults.

Chart III indicates that, in almost half of the programs studied, direct service activities focused equally on the parent and the child. In the other two groups, services are weighted either towards the parent or the child. These groups are not mutually exclusive, but indicate a sense of who is usually the direct recipient of services.

CHART IV

TOTAL AGENCIES BY CATCHMENT SERVICEFOCUS AND USUAL RECIPIENT OF SERVICE

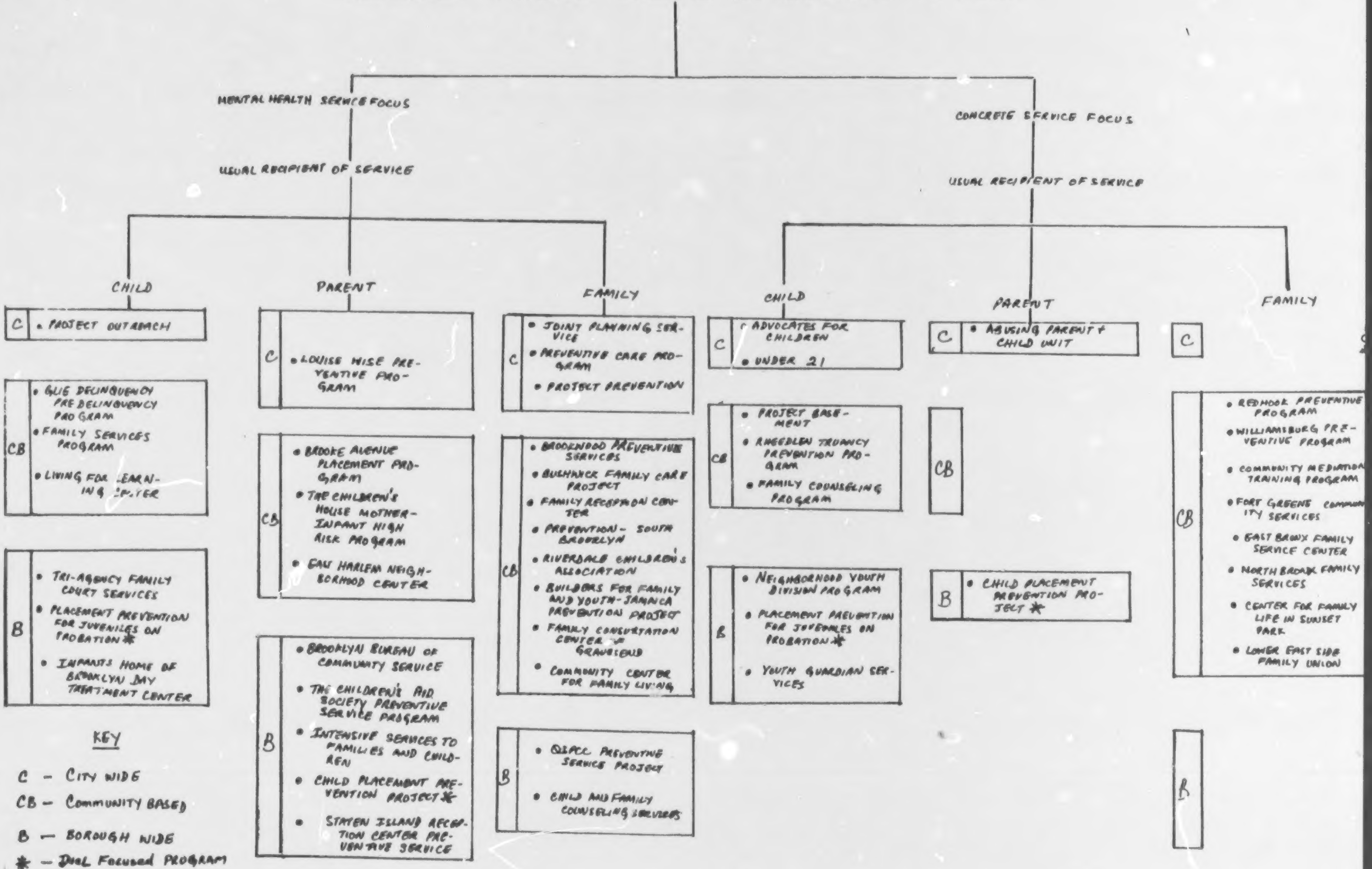
MENTAL HEALTH SERVICE FOCUS
USUAL RECIPIENT OF SERVICE
CHILD
C
• PROJECT OUTREACH
CB
• GLIE DELINQUENCY PREDELINQUENCY PROGRAM
• FAMILY SERVICES PROGRAM
• LIVING FOR LEARNING CENTER
B
• TRI-AGENCY FAMILY COURT SERVICES
• PLACEMENT PREVENTION FOR JUVENILES ON PROBATION *
• INFANTS HOME OF BROOKLYN DAY TREATMENT CENTER
PARENT
C
• LOUISE WISE PREVENTIVE PROGRAM
CB
• BROOKE AVENUE PLACEMENT PROGRAM
• THE CHILDREN'S HOUSE MOTHER-INFANT HIGH RISK PROGRAM
• EAST HARLEM NEIGHBORHOOD CENTER
B
• BROOKLYN BUREAU OF COMMUNITY SERVICE
• THE CHILDREN'S AID SOCIETY PREVENTIVE SERVICE PROGRAM
• INTENSIVE SERVICES TO FAMILIES AND CHILDREN
• CHILD PLACEMENT PREVENTION PROJECT *
• STATEN ISLAND RECEPTION CENTER PREVENTIVE SERVICE
FAMILY
C
• JOINT PLANNING SERVICE
• PREVENTIVE CARE PROGRAM
• PROJECT PREVENTION
CB
• BROOKWOOD PREVENTIVE SERVICES
• BUSHWICK FAMILY CARE PROJECT
• FAMILY RECEPTION CENTER
• PREVENTION - SOUTH BROOKLYN
• RIVERDALE CHILDREN'S ASSOCIATION
• BUILDERS FOR FAMILY AND YOUTH-JAMAICA PREVENTION PROJECT
• FAMILY CONSULTATION CENTER OF GRAVESEND
• COMMUNITY CENTER FOR FAMILY LIVING
B
• QSACC PREVENTIVE SERVICE PROJECT
• CHILD AND FAMILY COUNSELING SERVICES
CONCRETE SERVICE FOCUS
USUAL RECIPIENT OF SERVICE
CHILD
C
• ADVOCATES FOR CHILDREN
• UNDER 21
CB
• PROJECT BASEMENT
• RHEEDLEN TRUANCY PREVENTION PROGRAM
• FAMILY COUNSELING PROGRAM
B
• NEIGHBORHOOD YOUTH DIVISION PROGRAM
• PLACEMENT PREVENTION FOR JUVENILES ON PROBATION *
• YOUTH GUARDIAN SERVICES
PARENT
C
• ABUSING PARENT + CHILD UNIT
CB
B
• CHILD PLACEMENT PREVENTION PROJECT *
FAMILY
C
CB
• REDHOOK PREVENTIVE PROGRAM
• WILLIAMSBURG PREVENTIVE PROGRAM
• COMMUNITY MEDIATION TRAINING PROGRAM
• FORT GREENE COMMUNITY SERVICES
• EAST BRONX FAMILY SERVICE CENTER
• NORTH BRONX FAMILY SERVICES
• CENTER FOR FAMILY LIFE IN SUNSET PARK
• LOWER EAST SIDE FAMILY UNION
B
KEY
C - CITY WIDE
CB - COMMUNITY BASED
B - BOROUGH WIDE
* - Dual Focused PROGRAM

Chart IV shows the cross-distribution of the prevention service programs after all three characteristics - geographical area - service focus and recipient of service have been overlaid. The resulting groupings and prototypes and the similarities and differences of their dimensions will be discussed at length in the following sections of this chapter.

D. PROTOTYPES

PROTOTYPE I: CITYWIDE MENTAL HEALTH

- Louise Wise Preventive Program,
  Louise Wise Services (LWS)
- Joint Planning Service, Preventive Services Project,
  Jewish Board of Family and Children's Services and
  Jewish Child Care Association (JPS)
- Preventive Care Program,
  Ohel Children's Home
- Project Prevention,
  Talbot Perkins Children's Services
- Project Outreach,
  Sisters of the Good Shepherd

Levels of Prevention: Secondary and tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that all the programs are city-wide and have a mental health service focus. Its close ties to the foster system are reflected by its overall goals and objectives which emphasize the prevention of placement in foster care, the shortening of time spent in placement, and the prevention or the recurrence of foster care. In addition, the majority of referrals come from the sponsors, all of which are foster care agencies. Traditional casework is the core service.

Prototype I: Citywide Mental Health

Organizational Context:

Of the five programs making up this citywide prototype, only two serve all five boroughs. The other three exclude Staten Island from their catchment area. Three programs are located in Manhattan (one with a satellite office in Brooklyn), and the remaining two are located in Brooklyn. All programs consistently report that the clients they serve come from all parts of the city and not from one particular area.

All five programs are sponsored by voluntary child care agencies which provide foster care services, and four of these programs are headquartered in the offices of their sponsoring agency; Project Outreach is located one block away from its sponsor in a local church.

Of these preventive programs closely tied to their sponsors, all program directors report to the executive directors of the voluntary agencies, and in varous degrees all share space, service, administrative, social service and clinical staff with their sponsors.

Funding:

Four of these programs are fully funded by government monies; three programs, two of them original 911 Demonstration Projects, receive Title XX grants. The fourth program receives its 50% match to state funds from city tax levy monies.

The remaining program, also funded on a state match grant basis, meets its match with a combination of private and public monies.

Goals and Objectives:

The primary goals and objectives shared by programs within this prototype are:

- to strengthen the family unit and thereby preserve family stability;
- to prevent the placement of youngsters in foster care;
- to shorten the length of time spent in placement for children already in foster care; and
- to prevent the recurrence of the need for placement.

Methods/Service Strategies

To achieve these goals, an intensive traditional casework approach is used which focuses on strengthening and supporting the family unit. In these programs the casework services, which are usually provided by MSW social workers or clinical staff, concentrate on counseling and therapy and include necessary crisis intervention, case advocacy and occasionally, financial assistance to clients.

For all these programs, with the exception of Project Outreach, the usual recipient of service is either the parent or the entire family. Project Outreach, which is an alternative school, works primarily with the child.

Success for individual clients is usually judged by client progress as determined through case conferences and supervision of individual workers.

Target Population:

All these programs serve families at risk with children under eighteen years of age. However, Project Outreach only accepts adolescents between twelve and eighteen years.

All these programs receive over 30% of their referrals from their sponsoring agency. Other common regular sources are SSC, self and schools.

The intake criteria are relatively open and flexible. General considerations at the point of intake include degree of motivation of child and parent, whether the program can meet the needs of the client, degree of serious psychosis, involvement with other social service agencies, and degree of substance abuse.

Outreach:

The primary community outreach activity of these programs is extensive home visiting.

Staff:

The staff of these preventive service programs are usually professionally trained social workers and clinicians.

Size:

The average number of families served by these programs at any given time ranges from twenty-five to thirty-five. The average caseload size ranges from ten to fifteen cases per worker.

Hours:

Programs are open weekdays from 9 a.m. to 5 p.m., and some programs have evening or weekend hours.

PROTOTYPE II: CITYWIDE CONCRETE

- Advocates for Children of New York Inc. (AFC)
- Under 21, Covenant House
- Abusing Parent and Child Unit, New York Foundling Hospital

Levels of Prevention: Primary, secondary and tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that all the programs are city-wide and have a concrete service focus. It serves a defined target population and has clear points and methods of intervention. Each program has a strong philosophical base which shapes its goals and objectives and ultimately determines each program's unique service strategy. The services provided by this prototype are definable and measurable.

This prototype utilizes a large number of staff whose training and backgrounds are diverse and range from professionals to paraprofessionals and volunteers.

While these three programs form a prototype for the above reasons, their service strategies are unique and there is some variation in terms of the various dimensions. Consequently, each program is individually discussed within those nine dimensions.

Prototype II A: Advocates for Children of New York, Inc.

Organizational Context:

Advocates for Children is an independent program which was established with a grant from the Criminal Justice Coordinating Council (CJCC). It is located in Long Island City, Queens, and approximately half of the constituents served come from that borough.

Funding:

This program is funded on a match grant basis, with a combination of city and private monies meeting the state match.

Goals and Objectives:

The program's goals and objectives are based on the assumption that education is a crucial entitlement which is not being broadly delivered and that through case and issue advocacy systems can be made to work, and constituents can become empowered. The primary goals and objectives are:

- to insure a child's education and insure a child's and parent's understanding of their entitlements; and
- to develop collaborative community partnerships through issue advocacy.

Methods/Service Strategies:

Case and issue advocacy techniques are the primary strategies utilized by AFC. On an individual basis, emphasis is placed on procuring appropriate educational services for each child. On an issue basis, AFC, using a variety of community organization techniques, concentrates on coalition building around various issues. The focal point of almost all activity is the educational system.

Success for individual clients is determined by resolving the problems and procuring the appropriate educational situation. On an issue basis, success is judged by changes in administrative regulations, legislative laws or the fact that the target system has acceded to some or all the demands of a coalition.

Target Population:

AFC serves any New York City child between five to twenty-one years of age and his family who has an educationally-related problem such as suspension, truancy, discrimination or unmet special needs. Referral sources are schools, community organizations and self-referrals.

Outreach:

Community organization and outreach are integral components of this program and includes building coalitions, sponsoring training sessions, publishing a newspaper, and organizing parents and youth.

Staff:

The training and background of staff is diverse and ranges from professionally trained social workers, educational consultants, and lawyers to paraprofessionals.

Size:

This is the second largest program serving approximately 1,000 families a year. Caseloads average about forty cases per worker.

Hours:

The program is open business hours on weekdays and has regular evening hours.

Prototype II B: Under 21

Organizational Context:

Under 21, located at two sites, is sponsored by a voluntary child care agency and shares space, service and administrative staff with its sponsor. The program director reports to the executive director of Covenant House. Although this Manhattan-based program is citywide, the majority of clients are runaway youth who are presently in the immediate vicinity of the program.

Funding:

This program is funded on a match grant basis with a combination of private and city monies meeting the state match.

Goals and Objectives:

The primary goal of Under 21 is to provide a safe, easily accessible haven for runaways, where a child's immediate concrete needs are met, and then offer adolescents time and a sanctuary in which they can discover and consider their options. Objectives include helping each youth find a viable living situation, at home, with relatives, or independently.

Methods/Service Strategies:

Under 21 is fundamentally a crisis intervention crash pad which emphasizes meeting youngsters immediate needs for food, shelter, clothing, and medical care. Any client requesting assistance is eligible for services.

Supportive individual counseling and groups are offered to help clients reflect on their situation and work through their crises. This program's methodology is firmly grounded in "the Covenant" principle which stresses immediacy, sanctuary, value, communication, structure and choice.

Target Population:

This program serves transient, undomiciled youth under twenty-one years old, who are drawn to the Times Square area. Intake criteria are open, and any youth requesting service are initially only required to give their name and age. The primary source of referrals are the youth themselves.

Outreach:

The program's outreach efforts focus on the Time Square Area. In addition to extensively publicizing their program, Under 21 sends "Walk-in Teams" throughout the immediate area to identify youngsters in trouble and follow-up on former clients. Home visiting is a routine component in the process of returning a child to his home.

Staff:

The training and background of staff is diverse and ranges from professionally trained social workers and medical personnel to paraprofessionals. The program is staffed by a large volunteer component.

Size:

This is the largest program serving up to 1,600 families annually. Caseloads vary depending upon involvement of client

Hours:

Under 21 is open 24 hours a day, seven days a week.

Prototype II C: Abusing Parent and Child Unit

Organizational Context:

The Abusing Parent and Child Unit, sponsored by a foster care agency, serves all five boroughs. It is composed of three separate components, two of which are housed by the sponsor. The third is located in an apartment in the Bronx.

Funding:

This program is fully funded by Title XX monies.

Goals and Objectives:

The program's overall goal is to promote the growth of parents towards higher levels of functioning, self-control and competence. Specific objectives include:

- to prevent the institutionalization of children;
- to prevent the separation of parent and child whenever possible; and
- to prevent further abuse and/or neglect by removing children from families who show an unwillingness or an inability to profit from treatment.

Methods/Service Strategies:

To achieve these goals and objectives, the program contains three distinct components: (a) a residential unit housing up to eight mothers and sixteen children, zero to six years; (b) a half-way house located in the Bronx for up to two mothers and three children, zero to eighteen years;

and (c) an outpatient "I Care" component for graduates of (a) and (b), as well as for the community at large.

In addition, the program has a dual-focused approach to treatment. Staff are split between MSW social workers and clinicians who provide intensive individual counseling and therapy and paraprofessional staff called Social Service Assistants (SSA) and Group Mothers (GM). The SSAs and GMs work on a one-to-one basis with mothers and provide needed concrete services which include extensive home visiting, escort services, case advocacy, parenting training, home management training, arts and crafts, and 24 hour availability for crisis intervention.

All treatment decisions are made by professional/paraprofessional teams consisting of a psychiatric social worker, SSA, GM, psychologist, psychiatrist and when needed, a registered nurse. The use of interdisciplinary teams is considered crucial for the development of trust.

While the usual recipient of service is the mother, recently the program began a therapeutic nursery where mothers and their children can be observed and worked with.

Success for individual clients is judged by client progress as determined by the treatment teams as well as through case conferences and supervision of individual workers.

Target Population:

Services are offered to alleged or adjudicated abusive and/or neglectful parents and their children.

The majority of the referrals to the program come from SSC. Additional sources include other social service agencies and family court.

At the point of intake an extensive psychosocial history and psychiatric evaluation are done to determine motivation of client. The program will not accept active substance abusers or individuals who are psychotic.

Outreach:

The primary community outreach activity is extensive home visiting.

Staff:

The staff consists of MSW social workers, clinicians and paraprofessionals. There are a large number of volunteers who came from all over the city.

Size:

The program can serve up to 225 families a year. The size of caseloads varies depending upon the component.

Hours:

The program is open weekdays from 9 a.m. - 5 p.m. with SSAs and GMs on 24-hour call.

PROTOTYPE III: BOROUGH-WIDE MENTAL HEALTH

- Brooklyn Bureau of Community Service Preventive Program (BBCS)
- The Children's Aid Society Preventive Program (CAS)
- Intensive Services to Families and Children, Spence-Chapin Services to Families and Children (ISF)
- Staten Island Reception Center Preventive Program, New York Foundling Hospital
- QSPCC Preventive Services Project, Queens Society for the Prevention of Cruelty to Children
- Child and Family Counseling Services, Hellenic American Neighborhood Action Committee (HANAC)

Levels of Prevention: Secondary and tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that all the programs are borough-wide and have a mental health service focus. All programs are sponsored and have a close relationship with their sponsoring agencies. While a large percentage of referrals come from the sponsors, an equally large percentage come from other social service agencies and schools.

Traditional casework, which is the prototype's core service, is not solely delivered by professionally trained staff. All programs are small, serving an average of thirty families and caseloads are also small.

Prototype III: Borough-wide Mental Health

Organizational Context:

There are six borough-wide programs making up this prototype. Two of these programs, ISF and CAS, both located in Manhattan, were placed in this group although they serve both Manhattan and the Bronx. Of the six programs, two are located in Manhattan, two in Queens, one in Brooklyn and one in Staten Island. The programs all report that the clients they serve come from various parts of the five boroughs.

Five of these programs are sponsored by foster care agencies; the sixth, HANAC, is sponsored by a larger neighborhood agency which is interested in children. Four programs are located in the offices of their sponsoring agency and in various degrees share space, service, administrative, social service and clinical staff with their sponsors. The other two preventive programs are located in facilities with other agency sponsored programs and also share space, service, administrative services and staff. All six program directors report to the executive directors of their respective agencies.

Funding:

Four of these programs, original 911 Demonstration Projects, are fully funded by Title XX.

The remaining two programs are funded on a match grant basis; one meets this match with private funds, the other with a combination of private and city funds.

Goals and Objectives:

The primary goals and objectives of this prototype are:

- to prevent the placement of youngsters in foster care;
- to help families obtain needed concrete services;
- to provide an education for parents which will help them strengthen their family structure; and
- to strengthen family relationships through counseling.

Methods/Service Strategies:

The umbrella service strategy for this prototype is casework which focuses on supportive counseling and therapy and frequently includes crisis intervention and information and referral. Although staff consists primarily of professionally trained social workers and clinicians, the program services are not solely delivered by professionally trained staff; three of these programs have paraprofessionals on staff who provide counseling, advocacy, tutoring, and community outreach.

Success for individual clients is usually judged by client progress as determined through case conferences, supervision of individual workers and acquisition of concrete services.

Target Population:

One program serves a specified population; HANAC only serves Greek speaking immigrant families with children up to eighteen years old. The intake criteria for the other five programs is relatively open and flexible. All serve families with children up to eighteen years old and general considerations at the point of intake include: residence, whether the program can serve the clients needs, motivation of child and parent, degree of serious psychosis, involvement with other social service agencies and degree of substance abuse.

Primary sources of referrals include sponsoring agencies, schools and other social service agencies.

Outreach:

Primary outreach activities include extensive visiting and information and community referral.

Staff:

Staff for this prototype are MSW social workers and clinicians. Program services are frequently augmented by paraprofessionals.

Size:

The size of all these programs is approximately the same; the number of families served at any given time is around thirty. The average caseload ranges from seven to twelve cases per worker.

Hours:

All programs are open weekday business hours and four have regular evening hours.

PROTOTYPE IV: BOROUGH-WIDE CONCRETE CHILD FOCUSED

- Neighborhood Youth Diversion (NYD)
- Youth Guardian Service,
  Protestant Board of Guardians (YGS)

Level of Prevention: Tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that it is borough-wide, has a concrete service focus and the usual recipient of service is the child.

Both programs were initially funded by C.J.C.C. and services are focused on the court-related adolescent. The overall goal is to divert youngsters from the juvenile justice system and to prevent institutionalization.

This prototype has court-based workers and uses non-professional staff to deliver services which emphasize crisis intervention, counseling and case advocacy. Staff make regular school visits. Both programs in this prototype are large.

Prototype IV: Borough-wide
Concrete
Child Focused

Organizational Context:

Neighborhood Youth Diversion and Youth Guardian Services are independent programs, and both were established with a grant from the Criminal Justice Coordinating Council. NYD is located in the Bronx, whereas YGS is in Brooklyn. The majority of clients served live within the immediate vicinity of the program.

Funding:

Both programs are fully funded by Title XX monies.

Goals and Objectives:

This prototype's goals and objectives focus on diverting youngsters from the juvenile justice system in order to prevent foster care and institutional placements. Emphasis is placed on providing necessary concrete supports to youth and their families to enable them to better cope with their environments.

Methods/Service Strategies:

Casework services, which emphasize crisis intervention, advocacy, education and recreation, also includes counseling in the form of rap sessions are the basic services offered. Groups for children and adults are an integral part of both programs. Neighborhood Youth Diversion developed a Family Forum group format to resolve family conflict. For this prototype, the adolescents are the usual recipients of services. Services are delivered primarily by non-professional staff.

Success for individual clients is determined through case conferences, acquisition of concrete services, and observable change in educational and social skills.

Target Population:

This prototype serves court-related youngsters, between the ages of seven to seventeen years old and their families, who live within the borough. Each program has an office in the borough Family Court and the majority of referrals are received from the courts.

Outreach:

The primary methods of outreach include court-based workers, extensive home and school visiting and referrals to community agencies.

Staff:

This prototype does not depend on trained professional staff.

Size:

Both programs are large; one serving up to 450 families and the other up to 300 families on an annual basis. Average caseloads are twenty families per worker.

Hours:

Both programs are open regular business hours on weekdays and have regular evening hours.

PROTOTYPE V: COMMUNITY BASED MENTAL HEALTH PARENT FOCUSED

- The Children's House-Mother-Infant High Risk Program, Spence-Chapin Services to Families and Children
- East Harlem Neighborhood Center, New York Foundling Hospital (EHNC)

Levels of Prevention: Primary and secondary.

Distinctive Characteristics: This prototype is characterized by the fact that both programs are community-based, have a mental health service focus and the usual recipient of service is the parent. The focus of the intervention is the child, although the usual recipient of service, is the mother. This prototype structures services to emphasize parenting training, parent groups, individual therapy and counseling, and views the mother as a vehicle for her child's emotional, social and physical growth.

In addition, both programs are small, sponsored by foster care agencies and each has a "day care" component.

Prototype V: Community Based Mental Health Parent Focused

Organizational Context:

The Mother-Infant High Risk Program and East Harlem Neighborhood Center, both sponsored by foster care agencies, are located within the areas they serve, and state that over half of their clients live in the immediate vicinity of the program. These programs share administrative services with their sponsors and one, Hi Risk, also shares space.

Funding:

Both programs are funded on a match grant basis; one meets its match with city funds, one with a combination of city and private funds.

Goals and Objectives:

The intervention of this prototype stresses the emotional and social growth of mothers to enable them as parents to better understand and care for their children. Additional objectives are to monitor developmental milestones of the children and to provide developmentally sound play activities in a structured environment.

Methods/Service Strategies:

This prototype offers intensive individual counseling and therapy for mothers, in addition to groups, all of which are focused on personal growth and parenting skills. Children are included in the treatment process on a regular basis. A structured "day program" component allows trained professional staff to observe, evaluate and work with both the mother and child.

Success for individual clients is determined through case conferences and supervision of individual workers as well as through observable changes in the mother or child's behavior.

Both programs engage in case advocacy.

Target Population:

In each program, mothers are the primary recipient of services; EHNC serves adolescent mothers with children under the age of three, Hi Risk works with "hi risk" mothers with children under the age of two and a half. Intake criteria varies according to each program's target population. Sources of referrals include self-referrals, and referrals from neo-natal clinics.

Outreach:

Both programs engage in outreach; in addition to home visits, they have established close working relationships with local neo-natal clinics.

Staff:

All three programs are staffed predominantly by trained MSW social workers and other clinicians.

Size:

The caseload size is small and averages around 6-10 cases.

Hours:

Program hours vary depending upon program structure.

PROTOTYPE VI: COMMUNITY BASED MENTAL HEALTH FAMILY FOCUSED

- Riverdale Children's Association
- Brookwood Preventive Services,
  Brookwood Child Care
- Bushwick Family Care Project,
  Salvation Army
- Community Center for Family Living,
  American Italian Coalition of Organizations, Inc. (AMICO)
- Builders for Family and Youth,
  Jamaica Prevention Project,
  Brooklyn Catholic Charities (BFY)
- Family Consultation Center of
  Gravesend Preventive Program (FCC)
- Family Reception Center,
  Sisters of the Good Shepherd (FRC)
- Prevention--South Brooklyn,
  Brooklyn Catholic Guardian Society

Levels of Prevention: Secondary or tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that all programs are community-based, have a mental health service focus and the usual recipient of service is the family.

Traditional casework, which focuses on the family within a community context, is this prototype's core service. The method of treatment emphasizes community awareness and involvement on the part of the clients and program staff. This prototype utilizes a combination of professional and paraprofessional staff. The majority of its referrals comes from local schools.

Prototype VI: Community Based Mental Health Family Focused

Organizational Context:

These eight community-based, mental health, family-focused programs constitute a prototype. Six of them are sponsored by foster care agencies; of these, five are headquartered at the offices of their sponsors. The two other programs AMICO and FCC are sponsored by larger social service agencies concerned with children. Of the eight programs, AMICO and BFY are situated apart from their sponsors and primarily share services with their sponsors. The other six programs all share, in various degrees, space, services, administrative, social service and clinical staff. All eight program directors report to the executive directors of their respective agency.

Funding:

Seven of these programs are funded on a match grant basis and meet their state match with a combination of private and city tax levy funds.

Family Reception Center is funded entirely by Title XX monies.

Goals and Objectives:

The goals and objectives of the programs within this prototype are similar. All have an ultimate goal of preventing the placement of children in foster care, and they share the following primary goals and objectives:

- to create/re-create healthy and emotionally stable intra-familial relationships;
- to provide outreach and advocacy and help clients deal with problems caused by emotional stress;
- to reduce parent-child stress;
- to intervene early; and
- to increase clients' advocacy skills and coping abilities.

A distinguishing feature of this prototype is the focus on all family members both individually and together. Furthermore, emphasis is placed on community awareness and involvement both on the part of clients and program staff.

Methods/Service Strategies:

To achieve these goals, an intensive traditional casework approach is used which focuses on strengthening and supporting the family unit. In this prototype, casework services, which are usually provided by MSW social workers or clinical staff, concentrate on counseling and therapy and includes necessary crisis intervention, case advocacy, information and referral and financial assistance. Services of homemakers, paraprofessionals and volunteers are routinely used to support the activities of professional staff and provide concrete services to clients.

Success for individual clients is usually judged by client progress as determined through case conferences and supervision of individual workers.

Target Population:

All these programs serve families at risk with children under eighteen years. A majority of the referrals come from schools; additional referrals are other social service agencies and self. The intake criteria are relatively open and flexible. However, five of the programs do require a psycho-social or other clinical evaluations at the point of intake. General considerations at the point of intake include: ability of program to meet the needs of the client, motivation of child and parent, family involvement with other social service agencies, degree of serious psychosis, and degree of substance abuse.

Outreach:

All programs are engaged in various degrees of community outreach. Primary outreach activities are home visiting and information and referral.

Staff:

The majority of staff of these programs are MSW social workers and clinicians. However, these community-based programs depend heavily upon the skills of paraprofessionals and volunteers.

Size:

These programs vary in size serving from 40 to 500 families on an annual basis, and the average size of a worker's caseload ranges from ten to twenty-five families.

Hours:

With the exception of one program, all these programs have evening and/or weekend hours.

PROTOTYPE VII: COMMUNITY BASED
CONCRETE
CHILD FOCUSED

- Project Basement,
  New York Foundling Hospital
- Rheedlen Truancy Prevention Program, Rheedlen
  Foundation

Levels of Prevention: Primary, secondary and tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that both programs are community-based, have a concrete service focus and the usual recipient of service is the child. Each program has a strong philosophical base which shapes its goals and objectives and ultimately determines each program's service methods. This prototype depends on a range of staff including professionals, paraprofessionals, and certified teachers. Both programs actively engage in community outreach and are open weekends.

While these two programs constitute a prototype for the above reasons, their service strategies are unique and there is some variation within the dimensions. Consequently, each program is individually discussed according to those nine dimensions.

Prototype VII A: Project Basement

Organizational Context:

Project Basement, sponsored by a foster care agency, is located within the area it serves and stated that 100% of their clients live in the immediate vicinity of the program. The program shares administrative services with its sponsor.

Funding:

The program is funded on a match grant basis with a combination of private and city funds meeting the state match.

Goals and Objectives:

The program's goals and objectives are based on the assumption that recreation is a key non-threatening service with which to engage youth and eventually their families. The primary goals and objectives are:

- to provide reinforcement for people to learn to be successful in the program's components;
- to help children learn to accept responsibility;
- to increase parental involvement with youth through parent groups; and
- to incorporate and maintain a neighborhood network as part of the decision-making process of the program.

Methods/Service Strategies:

The basic service of this program is a recreational program called "The Club" in which all staff participate. In this informal, non-threatening environment, staff gets to know the children. All children start out in Club activities, and some receive more intensive services; while others only participate in the Club.

Other services include traditional individual and group counseling, information and referral, home visits, case advocacy and task-oriented groups such as parenting training and the development of socialization skills.

The program houses an alternative school for fifteen troubled children staffed by the Board of Education and Project Basement.

Success for individual clients is measured by progress in the program as determined by case conferences and supervision of individual workers.

Target Population:

This program will serve any child eight to eighteen years, who voluntarily attends the recreational program. Referrals are, therefore, 100% self. General considerations at the point of intake include: residence, degree of psychosis, degree of substance abuse, and involvement of other social service agencies.

Outreach:

Community organization/development outreach are integral components of Project Basement. There are regular community special events and "pot luck" dinners. In the summer, the program provides outdoor activities such as a play street. The goal of all these activities is to reach isolated, depressed and troubled families of the community and to provide alternatives and support.

The program is forming a policy-setting community advisory board.

Staff:

The training and background of staff is diverse and ranges from trained MSWs, teachers, nurse practitioners to paraprofessionals.

Size:

The program can serve up to 250 families a year. Caseloads vary depending upon degree of involvement of the client.

Hours:

The program is open regular business hours, plus having regular evening and weekend hours.

Prototype VII B: Rheedlen Truancy Prevention Program

Organizational Context:

The Rheedlen Truancy Prevention Program is an independent program which was established with a grant from CJCC. It is located in Manhattan and approximately 60% of the clients served reside in the immediate vicinity of the program.

Funding:

This program is funded on a match grant basis with city tax levy monies meeting the state match.

Goals and Objectives:

The primary goal of this program is to allow children to reach their full academic and social potential. Specific objectives include:

- to help children and their families recognize that the child's truancy is a problem which needs to be addressed;
- to assist the child in increasing his/her reading scores; and
- to improve the child's school attendance.

Methods/Service Strategies:

Casework and remediation are the umbrella services. Casework involves individual, group and family counseling and extensive case advocacy on behalf of clients who experience difficulty in negotiating systems, such as welfare and education. The usual recipient of these services is the child.

Remedial Instruction includes remedial reading classes and one-to-one tutoring. Additional tutoring in Math and English is done by volunteers.

Success for clients is judged by demonstrable improvement in their school performance and attendance.

Target Population:

Rheedlen serves youngsters, six to twelve years old, who reside in Community Board Districts 7, 9 and 10 in Manhattan.

Referrals come primarily from schools and family court. Additional sources include police and self.

Intake criteria, aside from age and residence, specify that youngsters had to have missed at least fifty days of school the previous academic year or have poor current attendance indicating that a problem is likely to develop. General considerations at the point of intake are motivation of client, involvement with other social service agencies, and ability of program to meet client needs.

Outreach:

Community organizing and outreach are integral parts of this program. All members of staff do extensive home visiting and escort children to and from school and to and from the program. In addition, the program has organized a clothing exchange among clients and has opened a satellite office in P.S. 207.

Staff:

The training and background of staff are diverse and range from professionally trained MSWs, educational psychologists and board certified teachers to paraprofessionals. In addition, the program has a large volunteer component composed almost entirely of parents.

Size:

The program can serve up to 100 families a year. Caseload size varies from thirty to forty families .

Hours:

The program is open regular business hours, plus having regular evening and weekend hours.

PROTOTYPE VIII: COMMUNITY BASED CONCRETE FAMILY FOCUSED

- Center for Family Life in Sunset Park, St. Christopher's Home
- East Bronx Family Service Center, Leake and Watts Children's Home (L&W)
- Red Hook Prevention Program, Brooklyn Catholic Guardian Society
- Fort Greene Community Services, Angel Guardian Home (AGH)
- North Bronx Family Services, PIUS XII Youth and Family Services
- Williamsburg Prevention Program, St. Joseph's Children's Services
- Lower East Side Family Union (LESFU)
- Community Mediation Training Program, Community School District 10

Levels of Prevention: Primary, secondary and tertiary.

Distinctive Characteristics: This prototype is characterized by the fact that it is community-based, has a concrete service focus and the usual recipient of service is the family. This prototype is multi-service and it offers a variety of services ranging from traditional casework to social activities for the whole family. Its goal is to strengthen family relationships. An emphasis of its services is the use and development of community resources, to meet the needs of the communities' families. Services are delivered by both professional and paraprofessional staff.

Two programs belonging to this prototype, LESFU and Community Mediation, have distinct service methodologies and are individually discussed in terms of all nine dimensions.

Prototype VIII A:
- Center for Familly Life in Sunset Park
- East Bronx Family Service Center
- Red Hook Prevention Program
- Fort Greene Community Services
- North Bronx Family Services
- Williamsburg Prevention Program

Organizational Context:

These six programs, situated apart from their sponsors, primarily share services and administrative staff with their respective agency. Program directors stated that over 75% of the clients served lived in the nearby vicinity.

Funding:

Five of the programs are fully funded by government monies; of which two receive Title XX funding (one program Ft. Greene, is an original 911 Demonstration Project) and three funded on a match grant basis meet their match with city funds.

The sixth program, also funded on a match grant basis meets its match with a combination of private and city monies.

Goals and Objectives:

The goal of the intervention of this prototype is the prevention of foster care and institutionalization; it focuses on strengthening family relationships and its ties to the community. Emphasis is placed on improving the quality of community life by identifying needed and existing community resources.

Methods/Service Strategies:

To achieve these goals a multi-service approach is used which stresses case advocacy, education, recreation and supportive counseling for individual family members and for the family as a whole. Casework is the umbrella service and is delivered by both trained social workers and paraprofessionals. The initial intervention is usually purposefully on a concrete service level in that programs see the meeting of immediate needs as a way of establishing client trust.

A major component of casework is the linking, coordinating and monitoring of inter-agency services. Additionally, three of the programs have started or participate in action-oriented, community task forces. Programs also offer a range of social activities for all family members.

Target Population:

All programs serve families "at risk" with children under the age of 18 years. Intake criteria are open and flexible. Considerations at point of intake include, residence, ability of the program to meet the needs of the clients, involvement with other social service agencies, motivation of client(s), degree of serious psychosis, and degree of substance abuse. Primary sources of referrals are self-referrals followed by, depending upon program, schools, hospitals, legal aid and other social service agencies.

Outreach:

All programs engaged in extensive community outreach and community development activities. These are not limited to home visiting and information and referral, but extend to active involvement in local community issues and organizations.

Staff:

Staff includes trained MSW social workers, clinicians and paraprofessionals. In two programs, community volunteers play a significant role.

Staff titles and responsibilities reflect the multi-service components of the program.

Size:

These programs vary in size; two serve 100 families or less and four serve 300 families or more.

Hours:

These programs are open regular business hours. One has regular evening and weekend hours. Three have staff available 24 hours a day, seven days a week for emergencies.

Prototype VIII B: - Lower East Side Family Union

Organizational Context:

LESFU is an independent program which was established with community input. It operates three satellite centers within its catchment area and almost 100% of its clients live near the program.

Funding:

LESFU is funded on a match grant basis with a combination of city and private monies being used to meet the state match.

Goals and Objectives:

The primary goal of this program is to strengthen the family unit and reduce the incidence of foster care placement. Objectives include:

- to link, coordinate and monitor the services of diverse community agencies on behalf of families;
- to make the community more responsive to clients' needs.

Method:

LESFU does not offer direct services but rather is modeled on a sound technique of case management consisting of assessing a family situation, establishing a plan, linking a family up with the appropriate community resources, and monitoring the service delivery. This technique relies heavily on written contracts. Information and referral, advocacy, and homemaker services are integral parts of this process.

Goal attainment scaling is the primary method used to determine success with individual clients.

Target Population:

LESFU serves families, living within the catchment area with at least one child under eighteen years old. Intake criteria are open and flexible. Considerations at point of intake include residence, degree of vulnerability of family system and ability of program to meet client's needs. Sources of referrals are other agencies, SSC and self-referrals.

Outreach:

Outreach is a fundamental component of this program's service strategy and includes linkages with various community agencies, visiting to homes, schools, community agencies in addition to door-to-door canvassing.

Staff:

Staff includes professionally trained social workers, paraprofessionals, and volunteers from the community.

Size:

This is a large program serving up to 400 families annually. The average caseload is twelve to fifteen families per worker.

Hours:

Regular program hours are weekdays from 9 a.m. to 5 p.m.

Prototype VIII C: - Community Mediation Training Program

Organizational Context:

Community Mediation Training Program, is sponsored by Community School District 10. Located in a District 10 Alternative School, it shares space and administrative staff with its sponsor. It also operates a satellite center within its catchment area and approximately 80% of the families served live near the program.

Funding:

This program is totally funded by governmental monies with city monies meeting the state match.

Goals and Objectives:

The primary goal is to strengthen the family and avert family break up. Objectives include:

- to provide services that will support families within their communities; and
- to develop an effective network of parents trained as "helping agents" within the neighborhoods.

Methods/Service Strategies:

Family Mediation and Community Organization are the two essential service strategies upon which this multi-focused program is founded. Family Mediation is a non-judgmental style of casework which includes advocacy, education, information and referral and counseling. Community outreach and development activities are varied and extensive. All aspects of this program emphasize reaching out into the community. Projects range from organizing community residents to develop a "Farm in the Bronx," to training parents and forming an effective grass-roots family support network of helping agents. Groups, recreational activities, and positive alternative activities for parents, children and families are also offered.

Success for individual clients is judged through case supervision, acquisition of concrete services and observable change in client's behavior.

Target Population:

This program serves families living in Community School District 10 who have children under seventeen years old who are exhibiting maladaptive behavior. Intake criteria are open and flexible. Primary sources of referrals are schools, the court, and other clients.

Outreach:

This program's strong community orientation is expressed through extensive community outreach, including active participation in the development and promotion of community projects as well as home and school visiting.

Staff:

Staff includes professionally trained clinicians, paraprofessionals, volunteers and paid parents who have been trained by the program.

Size:

This is a large program serving over 440 families annually.

Hours:

The program is open from 9 a.m. to 11 p.m. on weekdays and 9 a.m. to 5 p.m. on Saturdays.

E. Composite Prototype Programs

- Tri-Agency Family Court Services, Big Sisters, New York Catholic Charities and Jewish Board of Family and Children's Services
- Family Counseling Program, Brooklyn Association of Settlement Houses (BASH)
- Infants Home of Brooklyn, Day Treatment Center, Jewish Board of Family and Children's Services (IHB)
- Living for Learning Center, Hale House, Inc.
- GLIE Delinquency Pre-Delinquency Prevention Program, Group Live-In Experience Community Youth Program, Inc.
- Wiltwyck Family Service Program, Wiltwyck School
- Brooke Avenue Placement Prevention Program, New York Foundling Hospital
- Child Placement Prevention Project, Puerto Rican Family. Institute (PRFI-CPP)
- Placement Prevention for Juveniles on Probation, Puerto Rican Family Institute (PRFI-JUV)

In formulating the prototypes a major concern was not to misrepresent or pidgeon-hole programs. All of the above programs could have been forced into a grouping. However, we felt it was more useful, for analytical purposes, to discuss them as composites. No matter which way programs were analyzed (and many preliminary attempts were made), some programs were composites. This reflects the fact that for prevention a conceptual and analytical framework had to be constructed for existing programs.

Each of these nine programs share a number of characteristics with at least two prototypes. During the initial sorting process according to the three basic dimensions (location, usual recipient of service and service focus) each of these programs was placed into an appropriate group for analysis. However, when the analysis within all nine dimensions was completed each of these programs was found to strongly resemble a second prototype. Therefore, each is a composite of prototypes; the similarities and differences are discussed below.

- Tri-Agency, a juvenile diversion program, strongly resembles Prototype IV (borough-wide, concrete, child focused) except for its emphasis on mental health services evidenced by the use of MSWs and clinical staff. In addition, it is sponsored by three agencies, two of which provide foster care. Prototype IV relies upon non-professional staff to deliver primarily concrete services and both programs are unaffiliated with foster care providers.

- BASH very closely resembles in Prototype IV in all dimensions except for its location; it is community-based.

- IHB closely resembles Prototype I (city-wide, mental health), specifically Project Outreach; IHB is an alternative school, sponsored by a foster care agency, focuses on a specific age group (the 5-12 year old) with special problems (emotionally handicapped), and creates a therapeutic learning environment for these children. It differs from Prototype I in that it is borough-wide.

- GLIE and Wiltwyck resemble Prototype IV in nhat they focus on an adolescent population who have been involved with either the juvenile justice or foster care systems. They differ, however, in that their service focus is weighted in the direction of mental health services. They are sponsored by foster care agencies and are community-based.

Brooke Avenue's service focus closely resembles Prototype V (community-based, mental health, parent focused) in that the parent is the usual recipient of service. It also resembles Prototype VI (community-based, mental health, family focused) in its methods. Brooke Avenue operates out of three schools and it is unique in that it is basically a one-person operation.

The two programs sponsored by PRFI do not fall into either the mental health or concrete groupings because of a dual-focused treatment modality which is emphasized by an organizational split of staff for the delivery of either mental health or concrete services. Were it not for this dual service methodology, PRFI-JUV could have been placed in Prototype IV or with Tri-Agency, could have formed a prototype.

The same holds true for PRFI-CPP; it could have been placed in Prototype III (borough-wide, mental health).

APPENDIX A

APPENDIX A

SURVEY METHODOLOGY

A. Programs Included in Survey

The subject of the survey was the programs under contract with the New York City Human Resources Administration's Special Services for Children (HRA/SSC) for the delivery of preventive services. At the time of the survey, there were forty-nine programs under contract to SSC. Two of these programs were excluded from the survey; Queens Society for the Prevention of Cruelty to Children's Far Rockaway site was not yet operational and Columbia Presbyterian Medical Center had not finalized its contract with SSC.

B. Project Staff

Since this study was undertaken jointly by INTERFACE and HRA, sufficient staff was provided by both agencies for three two-person teams (i.e., one from each agency) for site visits. There were two co-project directors, one from each agency.

C. Instruments

Data was collected in the following ways:

- a structured, mail back, Data Collection Form was requested of each program;
- a set of three (director level, division head and line staff) Interview Guides, consisting of both fixed-alternative and open-ended questions, was used for interviewing; and
- a Case Record Schedule also employing fixed alternative and open-ended questions was developed.

The Interview Guides and Case Record Schedule were completed by project staff at the time of the site visit. During the site visits, a total of 199 interviews were conducted; of these interviews, fifty-two were of program directors and agency executive directors, forty-four were of supervisory level staff and 103 were of direct service staff. The average length of each interview was one and a half to two hours. A maximum of two days was spent at each site.

The Data Collection Form and Interview Guides were designed specifically to compliment one another with the latter providing for more discussion. The Data Collection Form requested data for FY'79, July 1, 1978 - June 30, 1979.

These two instruments were divided into six general areas: (1) program overview; (2) referrals; (3) program operation; (4) population served; (5) staffing patterns; (6) administration/fiscal.

1) Analysis of Data Collection

Few programs keep the type of aggregated information on case characteristics which we requested. For many programs, completing the form required an enormous data gathering and tallying task. The problem with the completed Data Collection Forms is twofold -- in some cases programs did not respond and in other cases there were inaccuracies in the responses. The rate of response was exceedingly slow. Eventually, forty of the forty-seven programs returned Data Collection Forms. Two of the forms arrived after November 15, 1979, however, and could not be included in the analysis. Four of the programs responding were not opened during FY'79. Therefore, thirty-four Data Collection Forms were included in the analysis of program activity for FY'79. Of the thirty-four agencies, eleven did not respond to both questions and ten responded differently for each question. Simlarly, questions 13. and 9. both refer to the total number of referrals rejected. In this case, twelve programs did not respond to both questions and in thirteen cases the totals did not match.

Because of these problems, we did not rely heavily upon the data in describing the program prototypes. Also, because of the internal inconsistencies in the data for each program, it seemed most accurate to examine the responses to each question in isolation. In only one case, comparing the number of children placed in foster care (Q28) with the number of children served (Q24), was any attempt made to relate responses to different questions.

In sum, the data provided are not capable of bearing the burden of any sophisticated statistical analysis. Instead, there is a descriptive analysis of the the data in seven areas:

Referral Source;
Primary Presenting Problem;
Reason for Rejection;
Reason for Termination;
Number of Families Served;
Demographics of Children Served;
Demographics of Children Placed;

A copy of the Data Collection Form and the tabulated information in these areas follows the Survey Methodology in Appendix B.

2) Analysis of Interview Guide Responses

At each program, staff interviews were the primary activities during the site visits. The researchers recognize the problem inherent in the interview technique. The problems with utilizing this technique are two-fold: (1) it is highly subjective; and (2) it does not allow for thorough pre-formulation of responses by the respondent. To offset these drawbacks, a number of persons were interviewed at each program site to insure validity of responses. Usually, individual interviews were conducted with the program director, the director of social services and a direct service worker. However, the varied organizational structures of the programs demanded a certain flexibility. Sometimes at smaller programs, the program director was the only supervisor. At other programs with highly differentiated staffing, it was important to meet with two or three line staff people in order to obtain a comprehensive picture of services. For example, at the programs sponsored by Puerto Rican Family Institute, clients receive several distinct services from different staff members. In such cases, it was impossible to identify a single caseworker for interview purposes. Other programs had a more hierarchical structure based on the coordinated use of professional and paraprofessional staff. In these programs, such as the Abusing Parent and Child Unit, it was important to interview a representative of each general staff title. The three interview guides complemented one another as well as the Data Collection Form, providing a multi-dimensional view of the programs. Copies of the Interview Guides are also found in Appendix B.

3) Analysis of the Case Record Review

Case Record Schedule was designed to collect information in the following areas:

- Referrals;
- Intake Process;
- Population Characteristics;
- Prevention Problems
- Services Received; and
- Case Record Content (see a copy of the Case Record Schedule in Appendix B).

A total of 176 records were read at forty-four programs, three closed records and one active record at each one, selected by program staff. Records were not read at two programs, Albert Einstein and Edwin Gould; Albert Einstein had just opened and Edwin Gould was also still in the organizational stages. Profiles of these two programs were constructed, but they were not included in the prototypes. Case records were destroyed in a fire at the Family Consultation Center of Gravesend Prevention Program.

Originally, it was intended that a statistically significant sample of case records would be read, and that the information gathered would provide a reliable and valid data base form which to determine demographic characteristics of the clients served and their families, information on the type, amount and quality of the services delivered and finally an indication as to the success of the programs.

After several pretests (see the sections dealing with evaluation in Chapters II. and III.), which failed to produce comparable and reliable data, the purpose of reading case records changed. The new goals began rounding out the surveyor's understanding of the individual program and conducting a content analysis of the case records to determine what client and service information particular types of programs felt it was important to collect and record.

Due to lack of common terminology, differing interpretation of case readers and differing program processes, it was not possible to conduct a sophisticated cross-program analysis of case record content. For example, case record readers had to determine whether the record contained an Initial Service Plan (Q27). Readers were consistently faced with the question of what constituted an Initial Service Plan. Did an intake psycho-social with general goals constitute an initial service plan or was a statement of the first service to be offered sufficient? Another example, indicating whether a program recorded services provided, their frequency and duration, was nearly impossible. Oftentimes, there would be an intermittent recording of client contracts and services provided. Case record readers could not tell if these recordings reflected all, some, or little of the case activity. Consequently, although reders checked off the services listed, the tally was not valid or reliable. The case record reading did provide invaluable information for the survey staff regarding both existing and recommended procedures for data collection and evaluation.

D. Confidentiality

The confidentiality of case materials shared by programs with project staff was respected. No identifying information was removed from the program records such as names, addresses, birth dates, public assistance or SSC case numbers. Programs were asked to make note of those records read so project staff could, if necessary, request additional information or clarification of case activity.

E. Training Sessions

To facilitate the return of accurate and comparable Data Collection Forms, four training sessions were held for the preventive programs, two on August 10th and two on the 14th. That time was also used to familiarize programs in the study with the project's overall goals and objectives. Programs were asked to return the completed Data Forms by September 14th and to send ahed, within a week, five pieces of information: (1) pages 2, 6 and 7 of the Data Form (i.e., objectives, goals and services offered;

(2) a one-page questionnaire requesting numbers of cases served in FY'79, case record filing systems, etc; (3) a FY'79 budget; (4) brochures or other descriptive materials about their programs; and (5) program evaluations not done by SSC.

Reviewing these materials and the preventive service programs' applications for funding provided to us by SSC gave staff some baseline, program-specific information.

For agencies visited prior to September 14th, we requested that the Data Form be completed for us to review at the site visit.

F. Site Visits

Site visits occurred between September 6, 1979 and November 15, 1979. A two-member team visited each setting*, toured the program site(s) interviewed the project director as well as division heads and line staff. Often the direct service staff included paraprofessionals and, in some instances, volunteers. Anywhere from three to six people were interviewed at each program dependent upon agency size, structure and responsibilities of staff/volunteers. For those programs which had not completed the Data Form nor sent ahead the information requested at the training sessions, the team would review SSC materials before the visit and provide blank pages six and seven of the Data Form for completion and discussion at the interviews.

Project staff met weekly to discuss trends and themes coming out of the interviews and other available data.

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* HRA staff read records at all forty-seven programs, but chose not to participate in the interview process at twelve programs. There were also a few other instances where only an INTERFACE team member conducted interviews.

G. Literature Search

An ERIC (Educational Resources Information Center) was undertaken in order to cull relevant articles, books, etc. about preventive services, model development and program evaluation techniques. This material was read and summarized. We also made use of two social work libraries: Hunter College and Columbia University.

H. Review of First Draft

1) Review Panel

A Review Panel, composed of individuals with an expertise in research, child welfare and prevention, was formed for this project. The members were Sister Mary Paul Janchill, New York State Department of Social Services; Dr. Reynold Levy, Executive Director, 92nd Street YM/YWHA; Ms. Brooke McAdam, Project Director, Child Care Indicator's Project; and Ms. Claire Pearce, Assistant Commissioner, Special Services for Children.

A preliminary draft was distributed to the Panel for comments and criticisms. Their assistance was invaluable in shaping our analysis and in focusing our attention on critical areas.

2) Profile Review

The forty-seven programs profiled were sent a draft of their profile for review. Their suggested revisions are asterisked in the respective program profile.

APPENDIX B

HRA - INTERFACE FORM
August, 1979

DATA COLLECTION FORM:

PREVENTIVE SERVICES REVIEW

DATE COMPLETED: ________________

COMPLETED BY: ________________

(POSITION) ________________

NOTE:

- If sponsoring agency operates more than one preventive program, please complete one of these forms for each program.
- Children constitutes anyone up to 18 years of age.
- Foster Care constitutes placement in licensed facility such as Family Boarding Home, Group Home, Institution.
- Fiscal Year (FY) 1979 is period from July 1, 1978 - June 30, 1979 Unless otherwise noted all questions will be for this time frame.

IF INFORMATION IS NOT AVAILABLE, PLEASE LEAVE SPACE BLANK.

I. PROGRAM OVERVIEW

1. SPONSORING AGENCY NAME: ________________

ADDRESS: ________________

TEL. #: ________________ EXEC. DIRECTOR: ________________

2. PREVENTIVE PROGRAM NAME: ________________

FACILITY ADDRESS: ________________

TEL. #: ________________ PROJECT DIRECTOR: ________________

Note: If preventive program operates out of more than one site, please check and list all site addresses and telephone numbers below:

1. ________________ Tel # ________
2. ________________ Tel # ________
3. ________________ Tel # ________

3. Date preventive program began operation: ________________

4. Date preventive program first received SSC funding: ________________

5. SSC contract period dates for FY '79: ________________

6. Please state the overall objectives of the preventive program, and list specific program goals. Please reserve information relating to specific services and target populations for later questions.

a) Objective(s):

b) Goals:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

7. Describe the population the preventive program is designed to serve; please include characteristics such as age range, presenting-problems, ethnicity, etc.

8. Description of the geographic area served by the preventive program:

a) Outline the boundaries of the catchment area.

North ______________________

South ______________________

East ______________________

West ______________________

b) List, by number, Community Districts served: ______________

____

c) List borough(s) served: __________ ______________

* * * * * * * * * *

II. REFERRALS:

____
(Name)

9. Please complete the following chart for FY '79. List all referral sources in column A. In addition to those sources already designated, please provide name and address of all other sources of referrals, i.e. other social service agencies, hospitals, schools, etc. Note the disposition of referrals as indicated in columns C,D and E. In column F, break out the current active caseload by source.

REFERRAL SOURCE	DISPOSITION OF REFERRALS				
A Agency Name & Address	B Total # Referrals	C # Accepted	D # Rejected	E Current # Pending Cases	F Current # Active Cases
1) SSC					
2) Courts					
3) Sponsoring Agency					
4) SELF					
5) Other Clients					
6) Schools					
7)					
8)					
9)					
10)					

10. List all intake criteria program utilized to determine which cases will be accepted for service by the preventive program.

1.

2.

3.

4.

5.

6.

7.

8.

11. Check the following methods that are routinely utilized to determine whether a case will be accepted for service by the program.

_____ Client interview: conducted by (position) ______________

_____ Family interview: conducted by (position) ______________

____

_____ Home visit: conducted by (position) ______________

_____ Gathering of psychosocial history: prepared by (position)

____

_____ Psychiatric evaluation/consultation

_____ Psychological evaluation: specify tests administered ______

____

_____ Medical examination

_____ Case conference: specify participants (position) ________

____

_____ Telephone interview

_____ Other(s) (Specify): ______________________

____

____

____
(Name)

12. (a) Please complete the chart below for FY 1979. Designate the number of cases referred to and accepted by Preventive Program by the Primary Problem as identified by the client at initial contact with preventive program. Utilize the Presenting Problem code sheet, attached, to determine how problem characteristics are categorized. Count each case only once.

PRIMARY PRESENTING PROBLEM CATEGORY	# Cases Referred In FY 1979	# Cases Accepted FY 1979	# Cases Rejected 6/30/79
A) CHILD RELATED			
B) PARENT RELATED			
C) INTRA-FAMILIAL			
D) ENVIRONMENTAL			

(b) Complete the chart below for preventive program's current active caseload. Categorize each case by current primary problem as identified by preventive program. Utilize the preventive problem code sheet. Count each case only once.

Primary Problem	Active # Cases	Pending # Cases
Child Centered		
Parent Centered		
Intra-Familial		
Environmental		

Preventive Program

____
(Name)

13. Please complete the following chart for FY 1979. Designate the number of cases rejected by preventive program by primary reason for rejection Count each case only once.

PRIMARY REASON FOR REJECTION	# CASES REJECTED
1) Client lives outside catchment area	
2) Client over/under age range	
3) Requested services not provided	
4) Prescribed services not provided	
5) Service provided - no vacancy	
6) Others (specify):	
7)	
8)	
9)	

14. a) Does preventive program ever refer rejected cases to other agencies or programs? ____ Yes ____ No

b) If yes, how many? ______________

c) Please complete chart below for FY 1979 for rejected cases referred to other Agencies/Service Providers.

Agency Name and Address	# of Cases Referred

15. Does the preventive program have a waiting list? ____ Yes ____ No

If yes, how many are currently on waiting list? ______________.

* * * * * * *

Preventive Program
____
(name)

III PROGRAM OPERATIONS

16. NOTE: FOR ALL ITEMS IN SECTION III, REFER ONLY TO THOSE CASES ACCEPTED FOR SERVICE.

Please complete chart below for FY 1979.
Of the services listed, check Column A if the preventive program routinely offers this service to clients.

For those services offered, check Column B if service is provided "directly" by preventive program staff.

Check Column C if service is routinely provided through the preventive program's sponsoring agency.

Check Column D if the service is delivered by another provider. Include only those services arranged for by preventive programs.

SERVICES	A OFFERED	B DIRECT	C BY SPONSORING AGENCY	D OTHER PROVIDER
Individual casework				
Individual psychotherapy				
Family casework				
Family therapy				
Crisis intervention				
Task-oriented groups				
Group counseling/therapy				
Parenting training				
Alcohol or drug counseling				
Homemaker/housekeeper services				
Home management training				
Budget counseling/ financial management				
Meal provision				
Day care				
Crisis nurseries				
Vocational testing				
Vocational counseling				
Job training				
Job placement				
Crisis housing				
Housing relocation				
Tenant advocacy				
Education advocacy				
Consumer advocacy				
Welfare advocacy				
Health advocacy				
Court advocacy				
Special community/social events				
Neighborhood improvement projects				

Preventive Program

____
(Name)

chart continued

	A	B	C	D
SERVICES	OFFERED	DIRECT	BY SPONSORING AGENCY	OTHER PROVIDER
Professional legal services				
Transportation services				
Escort services				
Psychiatric evaluation/ testing				
Health screening/ assessment				
Primary health care				
Family planning services				
Literacy training				
English as a second language classes				
Continuing education				
Remedial education				
Family boarding home placement				
Group home placement (12 residents and under)				
Group residence placement (13-24 residents)				
Institutional placement (25 residents and over)				
Crisis care facility				
Residential family treatment				
Direct financial assistance				
Recreation				
Camping				
*Emergency services				
Information & Referral				
Case Management/ Monitoring				
Community Organization (Specify)				
1)				
2)				
3)				
Other(s) :(Specify) 1)				
2)				

* If preventive program provides emergency services, please explain on back

Preventive Program

____
(Name)

17. a) Please complete chart below for FY 1979. List providers, by name and address, delivering services indicated in Question 16, Column D. List services requested of each provider, stating the service preventive program utilizes most frequently first. Include those agencies which co-sponsor programs/activities with preventive program. Provider refers to other than preventive program; includes sponsoring agency.

Agency and Address	Services Requested

18. List the criteria used by preventive program to determine whether it is appropriate to close a case:

1.

2.

3.

4.

5.

6.

19. Please complete chart below for FY 1979. Indicate the number of cases closed by Primary Reason for Termination. Please do not count a case more than once.

PRIMARY REASON FOR TERMINATION	# OF CASES
1) Service Goal(s) Achieved:	________
2) Planned Placement of Child in Foster Care:	________
3) Emergency Placement of Child in Foster Care:	________
4) Time limited Program/Services ended:	________
5) Client moved:	________
6) No Client Contact with Preventive Program (no show):	________
7) Client dropped out of Preventive Program:	________
8) Preventive Program deemed Client Inappropriate for program:	________
9) Others (specify):	________

a) ________________________________

b) ________________________________

c) ________________________________

d) ________________________________

20. a) Upon termination of preventive program's services, does the preventive program provide after-care or follow-up services? ____ Yes ____ No

If yes, please describe:

b) What is the average length of time after-care is provided by preventive program? ________________________________

c) What is the frequency of contacts for these cases? (Express as number of contacts per week/month/other): ______ times per ________.

d) Number of cases currently receiving after-care for preventive program?

__________.

* * * * * * *

IV. POPULATION SERVED

21. a) How does preventive program define cases? ____ by child,

____ by family, ____ other (specify): ____________________

____

(This refers to program's definition in FY 79 prior to SSC's directive.)

b) Number of cases preventive program served in FY 1979: ________

c) If preventive program served any clients for whom cases were not opened, please explain and state number of clients.

____

____

____

d) If number of clients differs from number of cases, give total number of clients served in FY 1979: ____________.

e) Number of currently active cases: ______________.

22. a) Number of families preventive program served during FY 1979: ________

(i) ______ number of two-parent families

(ii) ______ number of single parent families

23. a) Number of children in families preventive program served during FY 1979: ____________.

b) Number of children served during FY 1979 who are either "homeless," or served independently of their families of origin: ____________.

24. Please complete the following chart, by breaking out the information about CHILDREN SERVED during FY 1979. If unable to complete chart, fill in those figures which are available.

Children Served

Age	Male	Female	Total
0-5			
6-12			
13-18			
Total			

25. What are the income levels of families served during FY 1979?

Income Level	Number of Families	Number of Families in Receipt of Public Assistance (Do not include SSI)
a) under $5,000	________	________
b) $5,000 - 9,999	________	________
c) $10,000 - 14,999	________	________
d) $15,000 - 19,999	________	________
e) $20,000 and over	________	________

26. a) Number of children, served in FY 1979, who the preventive program referred for Foster Care Placement: ____________.

b) Number of children placed (without the participation of the preventive program) in Foster Care during FY 1979: _________.

c) Number of children preventive program actually placed in Foster Care: ____________.

d) Number of families program served in FY 1979 in which there was a child/or children in Foster Care placement: ____________.

e) Of the number of children preventive program placed in Foster Care during FY 1979, how many were placed in facility operated by preventive programs umbrella agency? ______________

f) Number of Foster Care children served in FY 1979 who were reunited with their families: ______________. (Reunifications effected by preventive program.)

g) Number of Foster Care children served by preventive program in FY 1979 who were adopted through preventive program's efforts: ______________.

27. a) Total number of abuse/neglect cases referred to preventive program by SSC in FY 1979 and accepted for service by preventive program: __________

Of these cases, number of indicated cases: ________
number of unfounded cases: ________
number of pending cases: ________

b) Number of cases served in FY 1979 other than SSC referred, which preventive program considered to be abuse and neglect cases: ______

Number of these cases that were parental self-referrals: ______

Number of these cases ultimately referred to SSC-Children Protective Services: ______

28. Please complete the following chart for FY 1979. Indicate the number of children referred for Foster Care placement by preventive program and the number of children ultimately placed.

	REFERRED FOR PLACEMENT			PLACED		
Age	Male	Female	Total	Male	Female	Total
0-5						
6-12						
13-18						
TOTAL						

* * * * * * * *

V. CURRENT STAFFING PATTERN

29. Please specify the hours during which services are provided by preventive agency. (Stipulate a.m. and p.m.)

a)

Days	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

b) Is staff available at hours other than those specified?

___ Yes ___ No

If yes, explain:

c) Is your staffing pattern organized into shifts? ___ Yes ___ No

If yes, please describe:

Preventive Program

____
(Name)

30. Please indicate total number of staff: ________

Of those staff, specify number of:

Paid: ____ a) Full time: ____ b) Part time: ____

Volunteer: ____ b) Full time: ____ b) Part time: ____

31. a) Please complete chart below. List information requested for all executive, administrative, supervisory, direct service staff and volunteers currently employed.

A	B	C	D	E		F
POSITION: Job Title	Minimum qualifications (i.e., BA, MSW, Ph.D. & # yrs. experience)	Salary Range	# staff in job currently	# Full & Part-time Staff currently holding position		Total # of people who held position for past 2 years
				# F/T	P/T (# hrs. per wk.)	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

(Attach separate pages if needed)

31. b) Please complete chart below for each position listed in Item 31a. Indicate, by position, the activities per week of the staff members. Where appropriate, specify average active caseloads.

Position Job Title	Activities Performed	Estimated # hours per week	Average caseload size
1	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		
2	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		
3	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		
4	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		

32. Please complete chart below showing staff coverage. Break out the week-end schedule separately if it differs from week-day schedule. If there is only one "shift," complete for that period.

Shift Hours	Staff Coverage	
	Job Title	# staff assigned

33. Please indicate current staff vacancies, if any, and length of time position has been vacant:

Job Title	Length of Vacancy

34. Please fill out the chart below detailing the job titles and amount of supervision.

Supervisor	Person Supervised		
Job Title	Job Title	# of staff	# of hours of supervision per week/month

35. Does preventive program have regular staff meetings? ____ Yes ____ No

If yes, specify types, their purpose and frequency and which staff members attend: ______________________________

____

____

____

36. Are staff members formally (in writing) evaluated? ____ Yes ____ No

If yes, indicate frequency: ______________________________

37. In addition to regular supervision, does preventive program offer IN SERVICE TRAINING? ____ Yes ____ No

If yes, please fill out chart below for FY 1979.

IN SERVICE TRAINING				
Frequency/Date	Length (# hrs. or days)	Purpose	Provider	
			If agency, Job Title	Outside, Name Consultant

Comments:

VI. ADMINISTRATION/FISCAL

38. Please complete chart below for Fiscal Year 1979. List type of report/documents (including State, City and Program) completed by any preventive program staff member which documents program activity

TYPE OF DOCUMENT	PURPOSE OF DOCUMENT	STAFF TITLE ISSUING REPORT	FREQUENCY OF REPORT

39. Please attach copies of the Executive Budget for Fiscal Year 1979 and a copy of the preventive program's most recent end-of-the-year financial statement.

40. State the total expenditures for the preventive program for FY 1979.

a) ____

b) In chart below please break out the expenditures for FY 1979.

	Personal Services	Other Than Personal Services
7/1/78 to 6/30/79:Actual		
7/1/78 to 6/30/79:Projected		
7/1/79 to 6/30/80:Projected		

41. Does agency _________ own facility utilized?

_________ rent facility

_________ cost per month

42. Is there a fee for any of the services offered? Yes _____ No _____

If yes, specify service(s) for which there is a fee, and explain how fee is set:

____

____

____

Preventive Program

____
(Name)

43. Please complete chart below and list other sources of public funding program utilized during FY '79. Include the name of the grantor, the amount of the grant requested, amount received and the inclusive dates of the funding period.

Agency/Organization	Amount requested	Amount received	Funding period (mo/yr) from to

44. Please list sources of private funding program utilized during FY '79. Include the name of the grantor, the amount request, amount received and generating funding period. Include donations, and revenues from trusts or income-holdings.

Agency/Organization	Amount requested	Amount received	Funding period (mo/yr) from to

45. The number of cases preventive program received directly from SSC during FY 1979: __________.

46. a. The number of cases preventive program submitted to SSC for authorization during FY 1979: __________.

b) Of these cases, number authorized by SSC: _______.

c) Of these cases, number for whom SSC denied authorization: _______.

d) Of these cases, number for whom preventive program has received no response from SSC: _______.

e) The number of cases rejected by SSC, which preventive program still served: ____________

f) Number of the cases with "no response from SSC" which preventive program still served: ________

Thank you for your time and cooperation; should you have any additional comments, please feel free to include them.

PRESENTING PROBLEM CATEGORY SHEET

Child Related

___ Emotional problem
___ History of psychiatric hospitalization
___ History of violent behavior
___ History of involvement with police
___ History of criminal behavior
___ Recent discharge from secure facility
___ Recent discharge from Foster Care
___ PINS Status
___ JD Status
___ Suspended/dismissed from school
___ Truant
___ Behind grade level
___ Attempted suicide
___ Alcohol/drug abuse
___ Behavior problem-school
___ Behavior problem-home
___ Behavior problem-community
___ Runaway
___ Prostitution
___ Pregnancy
___ Withdrawn
___ Hyperactive
___ Mental Retardation
___ Learning Disability
___ Family Planning needed
___ Physical handicap
___ Chronic physical illness
___ Recent (6 mo.) discharge from hospital for physical illness)
___ Bedridden
___ Terminal illness
___ Developmental Disability/Lag
___ Non-English speaking
___ Rape victim
___ Unemployment
___ Homeless
___ Victim of physical abuse
___ Victim of child abuse/neglect
___ Other (specify):
___ ____________________
___ ____________________
___ ____________________

Parent/Other Family Member Related

___ Emotional problem
___ Chronic mental illness
___ History of psychiatric hospitalization
___ History of violent behavior
___ History of police involvement
___ History of criminal behavior
___ Attempted suicide
___ Alcohol/drug involvement
___ Withdrawn
___ Mental Retardation
___ Medical problem
___ Family planning needed
___ Physical handicap
___ Chronic physical illness
___ Recent (6 mo.) discharge from hospital (for physical illness)
___ Bedridden
___ Terminal illness
___ Recent discharge from jail
___ Illiteracy
___ Non-English speaking
___ Rape victim
___ Prostitution
___ Parent/family member in jail
___ Other (specify):
___ ____________________
___ ____________________
___ ____________________

Intra-Family

___ Indicated child abuse/neglect
___ Domestic violence
___ History of incest/sexual abuse
___ Child ejected
___ Parent(s) unable to control child(ren)'s behavior
___ Recent separation
___ Recent divorce
___ Impending separation
___ Impending divorce
___ Child in temporary placement
___ Child in long-term placement
___ Death in family
    ___ Child
    ___ Adult
___ Child placement requested
___ Suicide
___ Child threatened with ejection from home
___ Child threatened with placement
___ Child threatened with placement in secure facility
___ Parent deserted family
___ New baby in home
___ Adolescent pregnancy
___ Recent re-marriage
___ Impending re-marriage
___ Parent/child conflict
___ Parent skills requested
___ Intergenerational conflicts
___ Marital conflict
___ Household management skills lacking
___ Inability of family to cope with individual member's problem(s)
___ Other (specify):
___ ____________________
___ ____________________
___ ____________________

Environmental

___ No housing
___ Deteriorated housing
___ Unemployment/Underemployment
___ Overcrowded housing
___ No access income support
___ Eviction pending
___ Utilities shut off
___ Recent relocation to City
___ No transportation
___ Community unsafe/high crime area
___ Unmet need for ongoing health care
___ Illegal alien
___ Social isolation
___ Unresponsive school system
___ Lack of access to recreation facilities
___ Other (specify):
___ ____________________
___ ____________________
___ ____________________

HRA/INTERFACE PREVENTIVE SERVICE PROJECT

FALL 1979

DIRECT SERVICE INTERVIEW GUIDE

PREVENTIVE PROGRAM: ______________________

DATE OF INTERVIEW: ______________________

INTERVIEWER(S): ______________________

____

I. BACKGROUND OF INTERVIEWER:

______________________	______________________
Name	Title

RESPONSIBILITIES: ______________________

____

____

____

____

EDUCATIONAL BACKGROUND/EXPERIENCE: ______________________

____

____

____

____

____

NUMBER OF MONTHS/YEARS WITH PROGRAM: ______________________

(Interviewers: Please use interspersed sheets to answer questions, if needed.)

II. VIEWS ON PREVENTION

1. One of the purposes of this project is to develop a deeper understanding and better definition of the concept of "preventive services." In light of this, would you please tell us what the term "preventive services" means to you personally?

2. Could you share with us the concept of prevention utilized by your program?

3. Based on your program's definition of prevention what are its overall goals and objectives? (Page 2)

III. PROGRAM DESCRIPTION

C. Community Involvement

___ Y ___ N

1. Does your program initiate active community outreach? (IF YES), describe where, how and to whom and the level of intensity.

___ Y ___ N

2. Does preventive program work with other community agencies or groups on particular projects or services? (IF YES), please explain.

3. (a) What do you believe are the unmet preventive service needs in your program's community that your program is not currently directly addressing?

(b) How did you identify these needs?

(c) Please list those services which your program does provide but are further needed in this catchment area.

D. Population Served

___ Y ___ N 1. Is there a particular geographical area from which your program draws most of its clients? (IF YES), please explain.

2. Could you please describe the characteristics of the clients? (For example, what are their age ranges, ethnicities, religions and common problems)

___ Y ___ N

3. Do you think that the characteristics you described of the clients served here are reflective of the general population of the community surrounding the project? (IF NO), would you please describe the differences.

E. Staffing and Evaluative Techniques

___ Y ___ N

1. Does your program provide in-service training or any outside learning opportunities for its staff? (IF YES), please describe.

___ Y ___ N

2a) Are you supervised?

If so, by whom and how often, and what is the purpose?

___ Y ___ N

b) Do you supervise anyone?

___ Y ___ N

3. Are you evaluated? (IF YES), by whom, what are the methods used and how often?

4. What do you believe are the most successful aspects of this program and why?

5. What do you believe are the weakest aspects of this program and why?

IV. GOALS AND SERVICES

A. Referral and Intake

___ ___
Y N

1. Are prospective clients ever discussed with referral source prior to the actual referral? If so, is the process logged or documented?

2. What are the sources of your referrals?

3. Please describe the intake criteria of your preventive program.

4. What are some common reasons for not accepting someone into your program?

___ ___
Y N

5. Do you refer rejected clients to other programs? (IF YES), please describe the procedure.

6. How does your program define a child at risk?

7. Does your program have set procedures for assessing when a child is:

___ Y ___ N - at risk of placement?

___ Y ___ N - at risk of being abused/neglected? (IF YES), please describe.

B. Client Process

1. (a) Who determines the treatment/service or the preventive goal which you work with your client to achieve?

(b) How is this decision reached?

3. Could you delineate the process from the time a referral is received to the point a child is actually receiving a service. (Include time frame, information elicited/requested from outside sources, decision making, etc.)

4. (a) Who decides that a client no longer needs/is eligible for service?

(b) How is this decision made? Are there set criteria?

5. Under what circumstances would your program consider working to place a child in foster care placement?

6. (a) How do you judge/evaluate success with your individual clients?

   (b) What criteria does your program use?

C. Services

Refer to pages 6 and 7 of data sheet and ask:

1. Your program listed several services here. Which of these services do you personally provide and how do you define these services?

2. On which of the services you mentioned do you spend the most time?

3. (a) What is the size of your case load?

   (b) Is that the average size of case loads in the program?

4. Are there tasks which you perform on behalf of your clients which are not documented in your records? (IF YES), please give some examples.

5. What do you see as the reasons for keeping case records in your agency?

6. What might be some reasons for omitting information from a case record?

7. How much time do you spend on case recordings?

___ Y ___ N

8. Do you feel that the case records kept by your program accurately reflects the clients' situation and the services your program offers?

V. RELATIONS WITH SSC

___ Y ___ N

1. Do you have an ongoing relationship with SSC main or field office? (IF YES), please explain.

2. Is your contact with SSC generally made by writing, telephone or in person?

   Which type is most frequent?

___ Y ___ N

3. Do you ever work closely with SSC workers on cases? (IF YES), about how many cases do you have? Could you give an example.

___ Y ___ N

4. Is there a specific procedure your program follows when reporting abuse and/or neglect cases to SSC? (IF YES), please explain the procedure.

___ Y ___ N

5. Have you had visits from SSC in the past year (Fiscal Year 1979)? (IF YES), please state who, when and the purpose of the visit.

___ Y ___ N

6. Do you submit a roster or report to SSC for authorization? (IF YES), what do you submit and when did it begin?

HRA/INTERFACE PREVENTIVE SERVICE PROJECT

Fall 1979

Service Director Interview Guide

PREVENTIVE PROGRAM: ____________________

DATE OF INTERVEW: ____________________

INTERVIEWER(S): ____________________

____

I. BACKGROUND OF INTERVIEWEE:

____________________	____________________
Name	Title

RESPONSIBILITIES: ____________________

EDUCATIONAL BACKGROUND/EXPERIENCE: ____________________

NUMBER OF MONTHS/YEARS WITH PROGRAM: ____________________

(Interviewers: Please use interspersed sheets to answer questions, if needed.)

II. VIEWS ON PREVENTION

1. One of the purposes of this project is to develop a deeper understanding and better definition of the concept of "preventive services." In light of this would you please tell us what the term "preventive services" means to you personally?

2. Could you now share with us the concept of prevention utilized by your program?

3. How does your program define a child at risk?

___ Y ___ N

4. Do you have set procedures for evaluating when a child is:

   - at risk of placement
   - at risk of being abused/neglected
     (IF YES), please describe.

5. Based on your programs definition of prevention, what are its overall goals and objectives?

6. What are the services offered which you feel most help you achieve the objectives you just enumerated? (Please ask for definition of services given)

___ Y ___ N

7. Do you have ways of delivering services or generally achieving your goals which you consider to be unique? (i.e. program design, staffing patterns and methodology) (IF YES), which ones?

___ Y ___ N

8. In developing your preventive program did you follow a specific model? (By model we mean theoretical framework, particular pre-conceived approach) (IF YES), would you please describe it?

___ Y ___ N

9. Do you know any other program(s) which use this same model? (IF YES), would you please name them?

III. PROGRAM DESCRIPTION

A. History And Background

___ Y ___ N

1. (a) Has your program altered in any way since its inceptio
(i.e. objectives, service delivery, clients served, staffing patterns)

___ Y ___ N

(IF YES), did any of these changes coincide with the receipt of SSC funding?

(b) (IF YES), would you please explain what these changes w
how they were made and why?

B. Organizational Structure

(If the preventive program is part of a larger agency structure)

1. What services does your sponsoring agency offer?

2. Please describe the linkages and reporting mechanism betwee
you and your sponsoring agency.

___ Y ___ N 3. Do you share space, personnel or services with your sponsoring agency? (IF YES), please explain.

C. Community Involvement

___ Y ___ N 1. Does your program initiate active community outreach? (IF YES), describe where, how, to whom, and the level of resources.

___ Y ___ N 2. Do community/consumer groups have input into your program?

(IF YES), please list these groups and describe in what ways they participate; (for instance, do they ever work on joint projects with your program).

3. (a) What do you believe are the unmet preventive service needs in your program's catchment area, that your program is not currently directly addressing?

(b) How did you identify these needs?

(c) Please list those services which your program does provide but are further needed in this catchment area.

D. Population Served

___ Y ___ N 1. Is there a particular geographical area from which you draw most of your clients? (IF YES), please explain.

2. Approximately what percentage of your clients come from the immediate vicinity of the program?

3. Could you please describe the characteristics of the clients your program serves? For example what are their age ranges, ethnicities, religions and common problems?

__ Y __ N 4. Do you think that the characteristics you described of the clients served here are reflective of the general population of the community surrounding the project? (IF NO), would you please describe the differences?

E. Staffing and Evaluative Techniques

1. How many of your staff are community residents? (i.e. including professionals, non-professionals and volunteers)

__ Y __ N 2. Does your program provide training for its staff? (IF YES), please describe.

3. How is supervision handled in your program? Would you please include the lines, methods and frequency of supervision.

__ Y __ N 4. Are staff evaluated? If yes, by whom, what are the methods used and how often?

F. Performance Standards Utilized

___ Y ___ N

1. (a) Does your program have a tool which measures the quantity of service you deliver? (IF YES), please describe it.

___ Y ___ N

(b) (IF NO), do you think there is a need for such a tool?

(c) Do you have any ideas for developing one?

2. What do you believe are the most successful aspects of your program and why? (i.e. service, procedures, clients)

3. What do you believe are the weakest?

___ Y ___ N

4. Does your program have a tool which measures the quality of its performance? (IF YES), what is it?

___ Y ___ N

5. Do you have a way of determining if goal attainment is due to your program's intervention? (IF YES), please explain.

6. (a) Approximately how many client complaints do you receive in a year?

(b) What type of complaints do you receive?

___ Y ___ N

c) Is there a procedure for handling them? (IF YES), please explain the procedure.

IV. GOALS AND SERVICES

A. Referral and Intake

___ Y ___ N

1. Are prospective clients ever discussed with referral source prior to the actual referral? If so, is the process logged or documented?

2. What are the primary sources of your referrals?

3. Please describe the intake criteria of your preventive program?

4. What are some common reasons for not accepting someone into your program?

___ Y ___ N

5. Do you refer rejected clients to other programs? (IF YES) describe the procedure.

B. Client Process

1. Who determines the preventive goal which a client and worker work to achieve?

2. (a) Who determines what services/treatment a client will receive?

   (b) How is that decision reached?

3. Could you delineate the process from the time a referral is received to the point a child is actually receiving a service. (Include time frame, information elicited/requested from outside sources, decision making, etc.)

4. How and by whom is a case monitored/reviewed while it is active with your preventive program?

5. (a) Who decides that a client no longer needs/is eligible for service?

   (b) How is this decision made? Are there set criteria? (IF YES), please describe.

___ Y ___ N

6. Under what circumstances might your agency want to have a child placed in foster care?

7. How does your preventive program judge/evaluate success with individual clients?

C. Services

1. Refer to page 6 and 7 of data sheet. Review list of services offered and ask interviewee to define each service, explain what the delivery of it entails, which staff member provides it, and to which type of client is it regularly offered. If service is offered by another provider, specify, if possible, the provider.

___ Y ___ N

2. Do you personally provide direct services? If so, how many clients do you serve and what percent of your time is devoted to it? How is the rest of your time spent?

___ Y ___ N

3. Are there tasks performed by workers on behalf of clients that are not documented in your program's records? (IF YES), please give examples.

4. What might be some reasons for omitting material from case records?

5. What do you see as reasons for keeping case records in your program?

___ Y ___ N

6. Do you feel that the case records kept by your program accurately reflects the client situation and services offered by your agency?

7. How much time do individual workers spend on case recordings?

V. RELATIONS WITH SSC

1. Please describe your relationship with SSC?

___ Y ___ N

2. Does your program also relate to the SSC field office? (IF YES) please specify which one and how.

___ Y ___ N

3. Are there times when your program and SSC actively work together on cases? (IF YES), about how many such cases do you have? Could you give an example?

___ Y ___ N

4. Is there a specific procedure your program follows when reporting abuse and/or neglect cases to SSC? (IF YES), please explain the procedure.

5. Is contact by your staff with SSC generally made by writing, telephone or in person?

Which type is most frequently used?

___ Y ___ N

6. Have you had visits from SSC in the past year (fiscal year 1979)? (IF YES), please state who, when and the purpose of the visit.

___ Y ___ N

7. Do you submit a roster or report to SSC for authorization? (IF YES) what do you submit and when did it begin?

8. Please describe/comment on your overall relationship with SSC.

HRA/INTERFACE PREVENTIVE SERVICE PROJECT

FALL 1979

PROGRAM DIRECTOR INTERVIEW GUIDE

PREVENTIVE PROGRAM ____________________

DATE OF INTERVIEW: ____________________

INTERVIEWER(S): ____________________

____

I. BACKGROUND OF INTERVIEWEE:

____________________	____________________
NAME	TITLE

RESPONSIBILITIES: ____________________

EDUCATIONAL BACKGROUND/EXPERIENCE: ____________________

NUMBER OF MONTHS/YEARS WITH PROGRAM: ____________________

(Interviewers: Please use interspersed sheets to answer questions, if needed.)

II. OVERVIEW

1. One of the purposes of this project is to develop a deeper understanding and better definition of the concept of "preventive services." In light of this would you please tell us what the term "preventive services" means to you personally?

2. Could you now share with us the concept of prevention utilized by your program?

3. How does your program define a child at risk?

4. Do you have set procedures for assessing when a child is:

   - At risk of placement

   - At risk of being abused/neglected
     (IF YES), please describe.

5. Based on your program's definition of prevention what are its overall program goals and objectives? (Refer to page 2.)

6. What are the services offered which you feel most helps you achieve the objectives you just enumerated? (Please ask for definition of each service listed: Refer to pages 6 and 7.)

___ Y ___ N 4. (a) Has your program altered in any way since its inception. (For example, objectives, services, location, etc.) (IF YES), would you please explain what these changes were, how they were made and why?

___ Y ___ N (b) Did any of these changes coincide with the receipt of SSC funding?

B. Relationship With Sponsoring Agency And Boards

(IF THE PREVENTIVE PROGRAM IS PART OF A LARGER AGENCY STRUCTURE, ASK QUESTIONS 1, 2, 3 AND 8. IF NOT, PROCEED TO QUESTION C 4.)

1. What services does your sponsoring agency offer?

2. Please describe the linkages and reporting mechanism between you and your sponsoring agency.

___ Y ___ N 3. Do you share space, personnel or services with your sponsoring agency? (IF YES), please explain.

___ Y ___ N 4. Does your program have its own Board of Directors or Advisory Board? (IF YES), specify.

___ Y ___ N 5. Are representatives from certain groups mandated to be on your board? (IF YES), would you specify which and the percentage?

6. What are the duties and/or responsibilities of the board?

___ Y ___ N

7. Are you as the director of the preventive program directly and legally responsible to this group?
(IF NO), to whom are you accountable?

8. (If there is a sponsoring agency, ASK:)

___ Y ___ N

How does your board interact/relate to the board of the sponsoring agency?

C. Community Involvement

___ Y ___ N

1. Does your program initiate active community outreach?
(IF YES), describe where, how and to whom and intensity.

___ Y ___ N

2. Does the preventive program work with other community agencies or groups? If so, in what way? (For example, is there community input into the program or joint projects?)

3. How many of your staff are community residents?

___ Y ___ N

4. Is your preventive program represented on any inter-agency or community task force/committee? (IF YES), would you please list them.

5. (a) What do you believe are the unmet preventive service needs in your program's catchment area that your program is not currently directly addressing?

(b) How did you identify these needs?

(c) Please list those services which your program does provide but are further needed in this catchment area.

D. Population Served

___ Y ___ N 1. Is there a particular geographical area from which you draw most of your clients? (IF YES), please explain.

2. Approximately what percentage of your clients come from the immediate vicinity of the program?

3. Could you please describe the characteristics of the clients your program serves? (For example, what are their age ranges, ethnicities, religions and common problems?)

4. Do you think that the characteristics you described of the clients served here are reflective of the general population of the community surrounding the project? (IF NO),

a) would you please describe the differences.

b) why have you chosen to locate here?

E. Performance Standards

___ Y ___ N

1. Does your program have a tool which measures the quantity of services you deliver? (IF YES), please describe it.

___ Y ___ N

(a) (IF NO), do you think there is a need for such a tool? (IF YES), do you have any ideas for developing one?

2. What do you believe are the most successful aspects of your program and why? (i.e., service, procedures, clients)

3. What do you believe are the weakest aspects of your program and why?

___ Y ___ N

4. Does your program have a tool which measures the quality of its performance? (IF YES), please describe it.

___ Y ___ N

5. Do you have a way of determining if goal attainment is due to your program's intervention? (IF YES), please explain.

6. (a) Approximately how many client complaints do you receive a year?

(b) What types of complaints are they and do you have a procedure for handling them?

IV. GOALS AND SERVICES

A. Referral And Intake

___ Y ___ N 1. Are prospective clients ever discussed with referral source prior to the actual referral? If so, is the process logged or documented?

2. What are the primary sources of your referrals?

3. Please describe the intake criteria of your preventive program.

4. What are some common reasons for not accepting someone into your program?

___ Y ___ N 5. Do you refer rejected clients to other programs? (IF YES), describe the procedure.

B. Client Process

1. Who determines the preventive goal which a client and worker work to achieve?

2. (a) Who determines what services/treatment a client will receive?

   (b) How is that decision reached?

3. Could you briefly deliniate the process from the time a referral is received to the point a child is actually receiving a service? (Include timeframe, information elicited/requested from outside sources, decision making, etc.)

4. How and by whom is a case monitored/reviewed while it is active with your preventive program?

5. (a) Who decides that a client no longer needs/is eligible for service?

   (b) How is this decision made? Are there set criteria? (IF YES), please describe.

6. Under what circumstances might your program work to have a child placed in foster care?

7. How does your preventive program judge/evaluate success with individual clients?

V. RELATIONS WITH SSC

1. Describe your relationship with SSC.

___ Y ___ N

2. Does your program have a relationship with the main office? (IF YES), please explain.

___ Y ___ N

3. Does your program also relate to an SSC field office? (IF YES), please specify which one and how.

___ Y ___ N

4. Are there times when your program and SSC actively work together on cases? (IF YES), about how many such cases do you have, and could you give an example?

___ Y ___ N

5. Is there a specific procedure your program follows when reporting abuse and/or neglect cases to SSC? (IF YES), please explain the procedure.

6. Is contact by your staff with SSC generally made by writing, telephone or personally?

Which type is most frequently used?

___ Y ___ N

7. Have you had visits from SSC in the past year (fiscal year 79)? (IF YES), please state who, why and the purpose of the visit.

___ Y ___ N

8. Do you submit a roster or report to SSC for authorization? (IF YES), what do you submit and when did it begin?

VI. FISCAL DATA

___ Y ___ N

1. Have there been any changes in the sources of funding you've received in the past year? (IF YES, what did you do about these changes?

2. Please describe any cost saving activities your program has undertaken.

3. Please describe how you measure the cost effectiveness of your program. Be specific about measuring tools.

4. Please explain how you compute your program's "per diem cost" and "per client cost."

5. Has sponsoring agency absorbed the costs for preventive program? Please specify which. (Includes start up costs, inkind, overruns.)

10/2/79

HRA-INTERFACE

CASE RECORD SCHEDULE

1. Preventive Program Name: ______________________________
2. HRA #: ______________________________
3. Case Reader: ______________________________
4. Date Completed: __/__/__

I. Identifying Data

5. Program's Case ID #: ________________
6. Case Zip Code: ________________

II. Case Status

7. Check case status: 1. ☐ Open 2. ☐ Closed 3. ☐ Other

   Specify: ______________________________

8. Date case was opened: __/__/__
9. Date case was closed: __/__/__
10. Case manager/case worker by position: ________________
11. Was case previously served by preventive program?

    1. ☐ Yes 2. ☐ No 9. ☐ Unknown

12. If yes: date case opened: __/__/__

    date case closed: __/__/__

III. Referral and Intake

13. Date of referral to preventive program (code 99/99/99 if unknown): __/__/__
14. Source of referral:

    1. ☐ Agency: ______________________________ Name

       ______________________________ Address

       ______________________________ Zip

    2. ☐ Other (Specify: provide address if available)

       ____

15. Was client screened for acceptance to preventive program by:

    Telephone interview: ____
    In person interview: ____
    Other (specify): ______________________________

    (Include types of reports and procedures necessary for acceptance.)

16. Was primary client identified at point of referral?

    Yes ____ Specify who: ______________________________
    No ____

17. Please list the presenting problem(s) by source(s) of information at the point referral, as stated in the case record.

a) Client(s) specify: ______________________________

b) Preventive Program (staff position): ______________________________

c) Referral source: ______________________________

d) Other (specify): ______________________________

e) Unknown: __________ Unclear: __________

IV. Case Characteristics

18. Which of the following phrases best describes the family associated with this case?

1. ☐ Parent(s) only
2. ☐ Single parent and child(ren)
3. ☐ Two parents and child(ren)
4. ☐ Parent(s), children and other adults
5. ☐ Parent(s), teenage-parent and children
6. ☐ Other (describe): ______________________________

19. Was family receiving Public Assistance?

1. ☐ Yes 2. ☐ No 9. ☐ Unknown

20. If "yes," specify type: 1. ☐ ADC 2. ☐ ADC-U 3. ☐ HR 9. ☐ Unknown

21. Total household income per annum:

1. Specify dollar amount: $__________

9. ☐ Unknown

22. Complete table below describing family structure based on information in case record. List all family members mentioned whether or not living in household or receiving services. Circle primary client.

A	B	C	D	E	F	G	H	I	J
NAME	AGE	SEX	REL. TO PRIMARY CLIENT	OCCUPATION/ SCHOOL	MAR. STAT.	CURRENT WHEREABOUTS	CASE STATUS	SPECIAL PROBLEMS	COMMENTS
PRIMARY CARETAKER								(SEE CODE SHEET)	
A1									
A2									
A3									
A4									
A5									
A6									
C1									
C2									
C3									
C4									
C5									
C6									
C7									
C8									
C9									
C10									

This chart represents:

Total Family: ____

Part of Family: ____

Unknown: ____

Comments: ________________________________

CODES FOR SPECIAL PROBLEMS

	CHILD CENTERED
01	alcohol abuse
02	autism
03	bed ridden
04	behavior problem, community
05	behavior problem, home
06	behavior problem, school
07	behind grade level
08	child abuse/neglect victim
09	criminal behavior
10	developmental disability
11	drug involvement
12	emotional problem(s)
13	homeless
14	hyperactive
15	JD Status
16	learning disability
17	mental illness, chronic
18	mental retardation
19	M B D
20	non-English speaking
21	PINS status
22	physical handicap
23	physical illness, acute
24	physical illness, chronic
25	physical illness, terminal
26	police involvement
27	pregnancy
28	prostitution
29	psychiatric hosp., history
30	runaway
31	school suspension/dismissal
32	sexual abuse victim
33	sexually active
34	suicide attempt
35	truant
40	violent behavior
41	withdrawn
	others (list)
42	
43	
44	
45	

	PARENT CENTERED
50	alcohol abuse
51	bedridden
52	criminal behavior
53	drug involvement
54	emotional problem(s)
55	illiteracy
56	mental illness, chronic
57	mental retardation
58	non-English speaking
59	physical handicap
60	physical illness, acute
61	physical illness, chronic
62	physical illness, terminal
63	police/court involvement
64	psychiatric hosp., history
65	prostitution
66	rape victim
67	recent discharge, jail
68	recent discharge, psych. hospital
69	suicide attempt
70	unemployed
71	unwanted pregnancy
72	violent behavior, active
73	violent behavior, history
	others (list):
74	
75	
76	
77	
78	

CHECK OFF OTHER FAMILY/ENVIRONMENTAL PROBLEMS INDICATED IN THE RECORD.

FAMILY CENTERED

__ child abuse/neglect, active
__ child abuse/neglect, history
__ child ejected from home
__ child placement requested
__ child in temp. placement
__ child in long-term place
__ child threatened w/ejection
__ conflict, intergenerational
__ conflict, marital
__ conflict, parent-child
__ domestic violence, active
__ domestic violence, history
__ death in family
  __ child
  __ adult
__ incest/sexual abuse, active
__ incest/sexual abuse, history
__ new baby in home
__ parent unable to control children behavior
__ parent deserted
__ parenting skills needed
__ re-marriage, impending
__ re-marriage, recent
__ separation/divorce, impending
__ suicide in family
  __ child
  __ adult
__ household management skills needed

others (list)

__
__
__
__

ENVIRONMENTAL

__ unemployment
__ underemployment
__ over crowded housing
__ deteriorated housing
__ eviction pending
__ no housing
__ utility shut-off
__ need ongoing health care
__ no transportation
__ no access, income support
__ recent relocation to City
__ no access to recreation facilities
__ illegal alien status

other(s) list:

__
__
__
__
__

23. Did the preventive program's understanding of the primary problem(s) differ from the presenting problem(s) identified at the point of referral (item 15)?

1. ☐ Yes   2. ☐ No

24. If "yes," describe the primary problem(s) as understood by preventive program staff. (Indicate time frame) ______

______

______

______

V. Services Received

25. Did preventive program prepare an initial service plan for this case?

1. ☐ Yes   2. ☐ No

26. If "yes," specify date prepared: ___/___/___
(code 99/99/99 if unknown)

27. If"yes," list services identified in service plan which preventive program plans to provide:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

28. List services delivered by (A) service, (B) provider, (C) recipient, and if possible (D) duration and (E) Frequency. Use codes for services wherever possible.

A SERVICE	B PROVIDER	C RECIPIENT(s)	D DURATION	E FREQUENCY

If item E, "Frequency" is not available per service, complete the following: From your reading of case record, estimate:

Client contact with preventive program:

# Face-to-face contact: ________ Telephone: __________

Client contact with other providers:

Face-to-face __________ Telephone: __________

Preventive program contact on behalf of client:

In person meetings: _________________ Telephone: ________

Writing: _____________

29. If case is closed, state reason for case closing as presented in case record:

30. If case is closed, state verbatim those case outcomes cited in case record:

VI. Review of Case Record Contents

31. Intake or screening document present?

1. ☐ Yes 2. ☐ No

32. If "yes,":

1. ☐ Date prepared __/__/__

2. ☐ Prepared by ☐ Preventive program staff
☐ Other (specify)

33. Case history present? 1. ☐ Yes 2. ☐ No

34. If "yes," specify source:

35. Check if any of the following evaluations are present:

1. ☐ psychiatric evaluation
2. ☐ psychological testing documentation
3. ☐ psychosocial assessment
4. ☐ clinical evaluation
5. ☐ other, specify

36. If "yes," to any of the above, list (by number) those prepared by preventive program staff:

37. Service of treatment plan? 1. ☐ Yes 2. ☐ No

38. Addendums to service plan? 1. ☐ Yes 2. ☐ No

39. If "yes," number of addendums: ____________

40. Documentation of client contacts?

1. ☐ Yes 2. ☐ No

41. If "yes," describe type and frequency of use:

____

____

42. Correspondence? 1. ☐ Yes 2. ☐ No

43. If "yes," describe: ____________________

____

44. SSC Reporting Forms present? 1. ☐ Yes 2. ☐ No

45. If "yes," specify:

TYPE	DATE SENT TO SSC

TABLE - 1 REFERRAL SOURCES - QUESTION #9
REFERRALS RECEIVED - FY 79

	Total #	% SSC	% Courts	% Sponsoring Agency	% Self	% Friends & Neighbors
AFC	1100	0.0	0.4	0.0	33.8	18.7
A.M.I.C.O	38	0.0	15.8	5.3	18.4	15.8
AGH	114	7.0	1.8	13.2	28.1	8.8
BASH	372	0.0	15.1	0.0	0.0	0.0
BBCS	14	14.3	0.0	14.3	0.0	7.1
BCGS-RDHK	89	3.4	1.1	0.0	53.9	0.0
BCGS-SO.B.	100	0.0	8.3	4.0	1.0	2.0
Brookwood	84	6.0	0.0	15.5	14.3	8.3
CAS	39	20.5	0.0	30.8	17.9	0.0
GLIE	385	0.0	35.1	11.4	7.3	24.2
JPS	66	4.5	1.5	84.8	4.5	0.0
LWS	26	46.2	0.0	50.0	0.0	0.0
LESFU	NA	NA	NA	NA	NA	NA
NYD	557	1.3	74.9	0.0	1.8	3.2
NYF-Brook	12	0.0	0.0	0.0	0.0	0.0
NYF-E. Har.	58	0.0	0.0	5.2	12.1	20.7
NYF-P.B.	189	0.0	0.0	0.0	100.0	0.0
NYF-Rehab.	NA	NA	NA	NA	NA	NA
OHEL	296	3.4	0.7	0.0	22.0	19.9
Pius XII	319	1.3	8.5	1.9	22.9	0.0
PBG	353	3.1	43.1	0.0	25.5	0.0
PRFI-Pla/Pre	119	6.7	4.[illegible]	5.0	34.5	0.0
QSPCC	41	0.0	0.0	36.6	2.4	7.3
Rheedlen	83	0.0	12.0	0.0	0.0	25.3
Riverdale	117	4.3	0.0	0.0	15.4	1.7
Sunset Park	426	.5	0.7	0.0	61.5	2.6
St. Josephs	113	3.5	1.8	9.7	27.4	0.0
Sal. Army	NA	NA	NA	NA	NA	NA
Sch. Dist 10	367	.3	10.9	1.1	25.1	6.0
SGS-FRC	84	7.1	3.6	0.0	8.3	9.5
SGS-Outr.	NA	NA	NA	NA	NA	NA
Spence-3E	32	6.3	0.0	12.5	0.0	6.3
Spence-6E	NA	NA	NA	NA	NA	NA
Talbot	84	2.4	0.0	22.6	21.4	6.0
Wiltwyck	42	2.4	4.8	38.1	9.5	0.0
N	30	30	30	30	30	30
Weighted Ave.	190.6	1.8%	15.3%	4.3%	24.8%	8.5%

Received (cont'd)

	% Schools/ COH	% Hospitals (incl. Psych)	% Police/ YAD/TA Police	% Legal Aid	% Other Social Service Agencies
AFC	13.6	0.0	0.0	0.0	33.5
A.M.I.C.O.	44.7	0.0	0.0	0.0	0.0
AGH	14.0	5.3	0.0	0.0	21.9
BASH	42.7	0.0	27.7	0.0	14.5
BBCS	0.0	14.3	0.0	0.0	50.0
BCGS-RDHK	4.5	22.5	0.0	0.0	14.6
BCGS-SO.B.	12.0	8.0	0.0	0.0	73.0
Brookwood	[illegible]	6.0	0.0	0.0	2.4
CAS	2.6	7.7	0.0	7.7	12.8
GLIE	22.1	0.0	0.0	0.0	0.0
JPS	0.0	0.0	0.0	0.0	4.5
LWS	0.0	0.0	0.0	0.0	3.8
LESFU	NA	NA	NA	NA	NA
NYD	3.9	0.0	10.2	0.0	4.7
NYF-Brook	100.0	0.0	0.0	0.0	0.0
NYF-E. Har.	13.8	22.4	0.0	0.0	25.9
NYF-P.B.	0.0	0.0	0.0	0.0	0.0
NYF-Rehab.	NA	NA	NA	NA	NA
OHEL	0.0	0.0	0.0	0.0	54.1*
Pius XII	28.5	0.0	29.5	0.0	7.5
PBG	18.1	0.0	6.2	0.0	4.0
PRFI-Pla/Pre	26.1	16.0	0.0	0.0	7.6
QSPCC	7.3	19.5	0.0	0.0	26.8
Rheedlen	42.2	0.0	0.0	0.0	20.5
Riverdale	75.2	0.0	2.6	0.0	0.9
Sunset Park	19.0	1.4	5.4	2.1	6.8
St. Joseph's	22.1	8.0	4.4	12.4	10.6
Sal. Army	NA	NA	NA	NA	NA
Sch. Dist. 10	39.8	0.5	0.0	0.0	16.3
SGS-FRC	65.5	1.2	2.4	1.2	1.2
SGS-Outr.	NA	NA	NA	NA	NA
Spence-3E	0.0	62.5	0.0	0.0	12.5
Spence-6E	NA	NA	NA	NA	NA
Talbot	35.7	3.6	0.0	0.0	8.3
Wiltwyck	35.7	0.0	0.0	0.0	9.5
N	30	30	30	30	30
Weighted Ave.	20.7%	2.2%	5.4%	0.5%	16.5%

*includes schools

TABLE 2 - REFERRAL SOURCES - QUESTION #9
REFERRALS ACCEPTED - FY 79

	Total #	% SSC	% Courts	% Sponsoring Agency	% Self	% Friends & Neighbors
AFC	1000	0.0	0.4	0.0	32.2	17.8
A.M.I.C.O.	NA	NA	NA	NA	NA	NA
AGH	44	6.8	2.3	15.9	11.4	4.5
BASH	213	0.0	15.0	0.0	0.0	0.0
BBCS	6	0.0	0.0	16.7	0.0	0.0
BCGS-RDHX	52	5.8	1.9	0.0	36.5	0.0
BCGS-SO.B.	95	0.0	0.0	4.2	1.1	2.1
Brookwood	84	6.0	8.3	15.5	14.3	8.3
CAS	20	20.0	0.0	30.0	20.0	0.0
GLIE	385	0.0	35.1	11.4	7.3	24.2
JPS	29	6.9	0.0	82.8	6.9	0.0
LMS	22	40.9	0.0	54.5	0.0	0.0
LESFT	NA	NA	NA	NA	NA	NA
NYD	374	1.3	0.0	0.0	2.1	2.9
NYF-Brook	11	0.0	0.0	0.0	0.0	0.0
NYF-E. Har.	31	0.0	0.0	0.0	12.9	32.3
NYF-P.B.	189	0.0	0.0	0.0	100.0	0.0
NYF-Rehab.	NA	NA	NA	NA	NA	NA
OHEL	183	1.6	0.0	0.0	22.4	21.9
Pius XII	161	2.5	12.4	3.7	29.2	0.0
PBG	347	3.2	43.8	0.0	24.6	0.0
PRFI-Pla/Pre	85	9.4	0.0	3.5	38.8	0.0
QSPCC	30	0.0	0.0	43.3	3.3	10.0
Rheedlen	68	0.0	7.4	0.0	0.0	30.9
Riverdale	114	1.8	0.0	0.0	15.8	1.8
Sunset Park	420	0.5	0.7	0.0	61.2	2.6
St. Joseph's	47	6.4	2.1	8.5	14.9	0.0
Sal. Army	NA	NA	NA	NA	NA	NA
Sch. Dist. 10	367	0.3	10.9	1.1	25.1	6.0
SGS-FRC	NA	NA	NA	NA	NA	NA
SGS-Outr.	NA	NA	NA	NA	NA	NA
Spence-3E	32	6.3	0.0	0.0	0.0	6.3
Spence-6E	NA	NA	NA	NA	NA	NA
Talbot	84	2.4	0.0	22.6	21.4	6.0
Wiltwyck	40	2.5	5.0	40.0	5.0	0.0
N	28	28	28	28	28	28
Weighted Ave.	161.9	1.5%	[illegible]	4.0%	26.4%	9.0%

Accepted (cont'd)

	% Schools/ COH	% Hospitals (incl. Psych)	% Police/ YAD/TA Police	% Legal Aid	% Other Social Service Agencies
AFC	15.0	0.0	0.0	0.0	34.6
A.M.I.C.O.	NA	NA	NA	NA	NA
AGH	31.8	4.5	0.0	0.0	22.7
BASH	41.8	0.0	29.6	0.0	13.6
BBCS	0.0	0.0	0.0	0.0	83.3
BCGS-RDHK	7.7	30.8	0.0	0.0	17.3
BCGS-SO.B.	12.6	3.2	0.0	0.0	76.8
Brookwood	39.3	6.0	0.0	0.0	2.4
CAS	5.0	5.0	0.0	10.0	10.0
GLIE	22.1	0.0	0.0	0.0	0.0
JPS	0.0	0.0	0.0	0.0	3.4
LWS	0.0	0.0	0.0	0.0	4.5
LESFU	NA	NA	NA	NA	NA
NYD	5.9	0.0	7.8	0.0	3.5
NYF-Brook	100.0	0.0	0.0	0.0	0.0
NYF-E. Har.	12.9	19.4	0.0	0.0	22.6
NYF-P.B.	0.0	0.0	0.0	0.0	0.0
NYF-Rehab.	NA	NA	NA	NA	NA
OHEL	0.0	0.0	0.0	0.0	54.1*
Pius XII	23.6	0.0	23.6	0.0	5.0
PBG	18.4	0.0	6.3	0.0	3.7
PRFI-Pla/Pre	0.0	11.8	0.0	0.0	7.1
QSPCC	10.0	13.3	0.0	0.0	20.0
Rheedlen	45.6	0.0	0.0	0.0	16.2
Riverdale	77.2	0.0	2.6	0.0	0.9
Sunset Park	19.3	1.4	5.5	2.1	6.7
St. Joseph's	29.3	6.4	4.3	17.0	10.6
Sal. Army	NA	NA	NA	NA	NA
Sch. Dist. 10	39.8	0.5	0.0	0.0	16.3
SGS-FRC	NA	NA	NA	NA	NA
SGS-Outr.	NA	NA	NA	NA	NA
Spence-3E	0.0	62.5	0.0	0.0	12.5
Spence-6E	NA	NA	NA	NA	NA
Talbot	35.7	3.6	0.0	0.0	8.3
Wiltwyck	37.5	0.0	0.0	0.0	10.0
N	28	28	28	28	28
Weighted Ave.	21.2%	1.8%	4.0%	0.4%	16.5%

*includes schools

TABLE 3 - % OF REFERRALS WHICH WERE ACCEPTED - QUESTION 9

	%
AFC	90.9
A.M.I.C.O.	NA
AGH	38.6
BASH	57.3
BBCS	42.9
BCGS-RDHK	58.4
BCGS-SO.B.	95.0
Brookwood	100.0
CAS	51.3
GLIE	100.0
JPS	43.9
LWS	64.6
LESFU	NA
NYD	67.1
NYF-Brook	91.7
NYF-E. Har.	53.4
NYF-P.B.	100.0
NYF-Rehab.	NA
OHEL	61.8
Pius XII	50.5
PBG	98.3
PRFI-Pla/Pre	71.4
QSPCC	73.2
Rheedlen	81.9
Riverdale	97.4
Sunset Park	98.6
St. Joseph's	41.6
Sal. Army	NA
Sch. Dist. 10	100.0
SGS-FRC	NA
SGS-Outr.	NA
Spence-3E	100.0
Spence-6E	NA
Talbot	100.0
Wiltwyck	95.2
N	28
Weighted Ave.	79.3%

TABLE 4 - REASON FOR REJECTION - QUESTION 13

	Total #	Client over/ under age	Requested Services NA	Client lives outside cachmt.	No Vacancy	Referred out, one-shot svc
AFC	100	20.0	30.0	50.0	0.0	**
A.M.I.C.O.	4	0.0	0.0	0.0	0.0	0.0
AGH	80	0.0	23.8	0.0	0.0	18.8
BASH	82	20.7	0.0	40.2	0.0	0.0
BBCS	20	0.0	0.0	55.0	35.0	0.0
BCGS-RDHK	5	0.0	40.0	60.0	0.0	0.0
BCGS-SO.B.	NA	NA	NA	NA	NA	NA
Brookwood	34	2.9	0.0	0.0	0.0	97.1
CAS	15	0.0	0.0	0.0	26.7	0.0
GLIE	*					
JPS	30	0.0	10.0	0.0	13.3	0.0
LWS	4	0.0	0.0	0.0	0.0	0.0
LESFU	59	0.0	0.0	49.2	0.0	0.0
NYD	0	0.0	0.0	0.0	0.0	0.0
NYF-Brook	2	0.0	0.0	50.0	0.0	0.0
NYF-E. Har.	32	31.3	15.6	6.3	0.0	0.0
NYF-P.[illegible]	0	0.0	0.0	0.0	0.0	0.0
NYF-Rehab.	NA	NA	NA	NA	NA	NA
OHEL	NA	NA	NA	NA	NA	NA
Pius XII	158	2.5	10.1	12.0	5.7	0.0
PBG	42	16.7	9.5	4.8	2.4	0.0
PRFI-Pla/Pre	34	17.6	20.6	61.8	0.0	0.0
QSPCC	9	0.0	0.0	22.2	0.0	0.0
Rheedlen	15	66.7	0.0	33.3	0.0	0.0
Riverdale	3	0.0	0.0	0.0	0.0	0.0
Sunset Park	6	16.7	0.0	83.3	0.0	0.0
St. Joseph's	65	0.0	0.0	4.6	0.0	70.8
Sch. Dist. 10	0	0.0	0.0	0.0	0.0	0.0
SGS-FRC	0	0.0	0.0	0.0	0.0	0.0
SGS-Outr.	NA	NA	NA	NA	NA	NA
Spence-3E	3	0.0	100.0	0.0	0.0	0.0
Spence-6E	204	0.0	43.6	15.2	0.0	0.0
Talbot	NA	NA	NA	NA	NA	NA
Wiltwyck	2	0.0	0.0	50.0	0.0	0.0
N	28	28	28	28	28	28
Weigted Ave.	36.0	7.5%	17.7%	21.6%	2.5%	9.3%

*assumed all cases were initially accepted and then 51 were terminated after a short period of time
**all rejections were referred out

Reason for Rejection (cont'd)

	Required Placemnt/Adopt.	No client response/ client withdraw	Referral withdrawn	Prescribed Svc. NA/other svc. more ap.
AFC	0.0	0.0	0.0	0.0
A.M.I.C.O.	0.0	0.0	0.0	100.0
AGH	0.0	40.0	11.2	6.2
BASH	0.0	39.0	0.0	0.0
BBCS	0.0	0.0	10.0	0.0
BCGS-RDHK	0.0	0.0	0.0	0.0
BCGS-SO.B.	NA	NA	NA	NA
Brookwood	0.0	0.0	0.0	0.0
CAS	0.0	46.7	26.7	0.0
GLIE	*			
JPS	16.7	26.7	0.0	33.3
LWS	75.0	25.0	0.0	0.0
LESFU	0.0	50.8	0.0	0.0
MTD	0.0	0.0	0.0	0.0
NYF-Brook	0.0	50.0	0.0	0.0
NYF-E. Har.	0.0	43.8	0.0	3.1
NYF-P.B.	0.0	0.0	0.0	0.0
NYF-Rehab.	NA	NA	NA	NA
NYFL	NA	NA	NA	NA
Pius XII	0.0	60.1	0.0	9.5
PBG	0.0	0.0	0.0	66.7
PRFI-Pla/Pre	0.0	0.0	0.0	0.0
QSPCC	44.4	22.2	0.0	11.1
Sheedlen	0.0	0.0	0.0	0.0
Riverdale	0.0	100.0	0.0	0.0
Sunset Park	0.0	0.0	0.0	0.0
St. Joseph's	0.0	0.0	24.6	0.0
Sch. Dist. 10	0.0	0.0	0.0	0.0
SGS-FRC	0.0	0.0	0.0	0.0
SGS-Outr.	NA	NA	NA	NA
Spence-3E	0.0	0.0	0.0	0.0
Spence-6E	0.0	31.4	0.0	9.8
Talbot	NA	NA	NA	NA
Wiltwyck	0.0	50.0	0.0	0.0
N	28	28	28	28
Weighted Ave.	1.2%	28.3%	3.1%	8.3%

*assumed all cases were initially accepted and then 51 were terminated after a short period of time

TABLE 5 - REASON FOR TERMINATION - QUESTION 19

	Total #	Goals Achieved	Planned Placement FC	Emergency Placement FC	Time Ltd. Prog./Brief Svcs.	Client Moved
AFC	757	100.0	0.0	0.0	0.0	0.0
A.M.I.C.O.	4	25.0	0.0	0.0	0.0	0.0
AGH	21	52.4	0.0	0.0	0.0	9.5
BASH	132	52.3	0.0	0.0	0.0	11.4
BBCS	6	100.0	0.0	0.0	0.0	0.0
BCGS-RDHK	10	50.0	0.0	0.0	0.0	20.0
BCGS-SO.B.	78	11.5	0.0	1.3	65.4	3.8
Brookwood	55	12.7	14.5	5.5	0.0	5.5
CAS	29	17.2	3.4	0.0	0.0	6.9
GLIF	51	0.0	96.1	0.0	0.0	0.0
JPS	21	42.9	23.8	4.1	0.0	0.0
LWS	19	63.2	5.3	0.0	0.0	10.5
LESFU	NA	NA	NA	NA	NA	NA
NYD	NA	NA	NA	NA	NA	NA
NYF-Brook	16	43.8	6.3	0.0	0.0	12.5
NYF-E. Har.	67	19.4	0.0	1.5	20.9	17.9
NYF-P.B.	NA	NA	NA	NA	NA	NA
NYF-Rehab.	71	40.8	0.0	0.0	0.0	0.0
CHEL	NA	NA	NA	NA	NA	NA
Pius XII	175	49.7	1.7	0.6	29.1	3.4
PBG	160	78.8	2.5	1.9	0.0	1.3
PRFI-Fla/Pre	86	45.3	3.5	3.5	0.0	12.8
QSPCC	37	29.7	10.8	0.0	0.0	24.3
Rheedlen	113	66.4	0.0	1.8	0.0	7.1
Riverdale	46	39.1	13.0	0.0	0.0	4.3
Sunset Park	156	69.9	0.0	0.0	0.0	7.1
St. Joseph's	51	70.6	0.0	0.0	0.0	2.0
Sch. Dist. 10	362	69.3	0.3	0.3	2.8	3.0
SGS-FRC	141	31.9	0.0	0.0	57.4	7.1
SGS-Outr.	20	20.0	15.0	0.0	0.0	5.0
Spence-3E	12	8.3	0.0	8.3	8.3	0.0
Spence-6E	134	41.0	3.0	0.0	13.4	1.5
Talbot	61	52.5	8.2	0.0	1.6	1.6
Wiltwyck	16	25.0	0.0	0.0	62.5	0.0
N	30	30	30	30	30	30
Weighted Ave.	96.9	63.1%	3.4%	0.6%	8.2%	6.7%

TABLE 5 - CONTINUED

	No show	Dropout	Unable to Engage	Inappropriate	Other Agcy. Involved	Referred out/ Transferred
AFC	0.0	0.0	0.0	0.0	0.0	0.0
A.N.I.C.O.	50.0	25.0	0.0	0.0	0.0	0.0
AGH	0.0	28.6	0.0	9.5	0.0	0.0
BASH	10.6	21.2	0.0	4.5	0.0	0.0
BBCS	0.0	0.0	0.0	0.0	0.0	0.0
BCGS-RDHK	10.0	20.0	0.0	0.0	0.0	0.0
BCGS-SO.B.	3.8	14.1	0.0	0.0	0.0	0.0
Brookwood	0.0	45.5*	0.0	16.4	0.0	0.0
CAS	24.1	6.9	0.0	37.9**	3.[illegible]	0.0
GLIE	0.0	0.0	0.0	3.9	0.0	0.0
JPS	19.0	0.0	0.0	0.0	0.0	9.5
LWS	0.0	10.5	0.0	10.5	0.0	0.0
LESFU	NA	NA	NA	NA	NA	NA
NYD	NA	NA	NA	NA	NA	NA
NYF-Brook	12.5	18.8	0.0	0.0	[illegible].3	0.0
NYF-E. Har.	0.0	38.8	0.0	1.5	0.0	0.0
NYF-P.B.	NA	NA	NA	NA	NA	NA
NYF-Rehab.	59.2	0.0	0.0	0.0	0.0	0.0
OHEL	NA	NA	NA	NA	NA	NA
Pius XII	0.0	14.3	0.0	1.1	0.0	0.0
PBG	6.9	4.4	0.0	4.4	0.0	0.0
PRFI-Pla/Pre	25.6	7.0	0.0	2.3	0.0	0.0
QSPCC	13.5	8.1	0.0	0.0	2.7	10.8
Rheedlen	0.9	8.0	0.0	15.9***	0.0	0.0
Riverdale	26.1	17.4	0.0	0.0	0.0	0.0
Sunset Park	3.2	1.9	17.9	0.0	0.0	0.0
St. Joseph's	5.9	2.0	0.0	0.0	0.0	19.6
Scn. Dist. 10	7.7	15.2	0.0	0.0	0.0	1.4
SGS-FRC	3.5	0.0	0.0	0.0	0.0	25.0
SGS-Outr.	0.0	30.0	0.0	5.0	0.0	0.0
Spence-3E	41.7	16.7	8.3	8.3	0.0	0.0
Spence-6E	6.7	15.7	9.0	9.7	0.0	0.0
Talbot	19.7	11.5	0.0	4.9	0.0	0.0
Wiltwyck	12.5	0.0	0.0	0.0	0.0	0.0
N	30	30	30	30	30	30
Weighted Ave.	6.7%	8.9%	1.4%	2.8%	0.1%	0.9%

* Received I+R ** Incl. referral withdrawn *** Incl. system's failure

TABLE 6 - NUMBER OF FAMILIES SERVED - FY '79
QUESTION 22

	# of Families FY 79
APC	1,000
A.M.I.C.O.	34
AGH	77
BASH	230
BBCS	38
BCGS-RDHK	14
BCGS-SO.B.	100
Brookwood	87
CAS	71
GLIE	291
JPS	46
LWS	63
LESFU	650
NYD	374
NYF-Brook	18
NYF-E. Har.	201
NYF-P.B.	101
NYF-Rehab.	100
OHEL	224
Pius XII	110
PBG	347
PRFI-Pla/Pre	211
QSPCC	63
Rheedlen	130
Riverdale	117
Sunset Park	426
St. Joseph's	76
Sal. Army	NA
Sch. Dist. 10	367
SGS-FRC	NA
SGS-Outr.	60
Spence-3E	32
Spence-6E	160
Talbot	84
Wiltwyck	52
N	33
Weighted Ave.	181.3

TABLE 7 - PRIMARY PRESENTING PROBLEMS - CASES ACCEPTED FY 79
QUESTION 12B

	Total #	% Child Related	% Parent Related	% Question Intrafamilial	% Environmental
AFC	1,000	89.4	4.0	2.4	4.2
A.M.I.C.O.	34	58.8	2.9	38.2	0.0
AGH	31	25.8	29.0	35.5	9.7
BASH	213	68.1	13.1	15.5	3.3
BBCS	30	0.0	33.3	40.0	26.7
BCGS-BDHK	17	47.1	5.9	23.5	23.5
BCGS-SO.B.	100	73.0	7.0	19.0	1.0
Brookwood	86	87.2	4.7	5.8	2.3
CAS	20	55.0	10.0	5.0	30.0
GLIE	385	16.9	20.0	50.6	12.5
JPS	29	41.4	20.7	31.0	6.9
LWS	22	45.5	4.5	31.8	18.2
LESFU	NA	NA	NA	NA	NA
NYD	374	100.0	0.0	0.0	0.0
NYF-Brook	10	70.0	30.0	0.0	0.0
NYF-E. Har.	34	2.9	2.9	58.8	35.3
NYF-P.B.	189	100.0	0.0	0.0	0.0
NYF-Rehab.	157	NA	NA	NA	NA
OHEL	NA	NA	NA	NA	NA
Pius XII	160	70.0	5.0	15.0	10.0
PBG	NA	NA	NA	NA	NA
PRFI-Pla/Pre	85	50.6	17.6	17.6	14.1
QSPCC	30	26.7	20.0	46.7	6.7
Rheedlen	68	23.5	33.8	36.8	5.9
Riverdale	NA	NA	NA	NA	NA
Sunset Park	420	42.1	4.0	13.1	40.7
St. Joseph's	45	66.7	11.1	20.0	2.2
Sal. Army	NA	NA	NA	NA	NA
Sch. Dist. 10	367	47.7	30.5	6.3	15.5
SGS-FRC	84	100.0	0.0	0.0	0.0
SGS-Outr.	NA	NA	NA	NA	NA
Spence-3E	32	9.4	21.9	68.8	0.0
Spence-6E	124	3.2	6.5	31.5	58.9
Talbot	53	34.0	17.0	43.4	5.7
Wiltwyck	NA	NA	NA	NA	NA
N	27	27	27	27	27
Weighted Ave.	149.7	63.4%	9.9%	14.9%	11.8%

TABLE 8 - CHILDREN SERVED FY 79 - QUESTION #24

	Total #	% 0-5	% 6-12	% 13-18	% M	% F
AFC	1000	0.0	56.4	43.6	69.7	30.3
A.M.I.C.O.	46	10.9	58.7	30.4	60.9	39.1
AGH	223	36.8	41.7	21.5	51.6	48.4
BASH	291	0.0	37.8	62.2	73.2	26.8
BBCS	132	NA	NA	NA	NA	NA
BCGS-RDHK	NA	NA	NA	NA	NA	NA
BCGS-So.B.	138	NA	NA	NA	60.9	39.1
Brookwood	160	13.8	43.8	42.5	56.9	43.1
CAS	249	30.1	43.0	26.9	47.8	52.2
CLIE	NA	NA	NA	NA	NA	NA
JPS	167	9.0	41.3	49.7	60.5	39.5
LWS	217	35.0	36.9	28.1	44.2	55.8
LESFU	NA	NA	NA	NA	NA	NA
NYD	374	0.0	21.7	78.3	NA	NA
NYF-Brook	70	20.0	51.4	28.6	54.3	45.7
NYF-E.Har.	NA	NA	NA	NA	NA	NA
NYF-P.B.	189	0.0	58.2	41.8	63.5	36.5
NYF-Rehab.	NA	NA	NA	NA	NA	NA
OHEL	NA	NA	NA	NA	NA	NA
Pius XII	480	0.4	25.0	74.6	NA	NA
PBG	347	0.0	23.9	76.1	69.2	30.8
PRFI-Pla/Pre	585	15.4	46.0	38.6	55.0	45.0
QSPCC	186	26.3	41.9	31.7	56.5	43.5
Rheedlen	227	0.4	52.4	47.1	63.9	36.1
Riverdale	160	9.4	60.0	30.6	NA	NA
Sunset Park	1085	16.6	43.0	40.4	52.4	47.6
St. Joseph's	307	15.6	41.0	43.3	54.4	45.6
Sch. Dist. 10	547	14.3	33.6	52.1	50.1	49.7
SGS-FRC	NA	NA	NA	NA	NA	NA
SGS-Outr.	60	0.0	0.0	100.0	45.0	55.0
Spence-3E	49	100.00	0.0	0.0	61.2	38.8
Spence-6E	NA	NA	NA	NA	NA	NA
Talbot	164	22.0	38.4	39.6	55.5	44.5
Wiltwyck	67	NA	NA	NA	79.1	20.9
N	26*	23	23	23	22	22
Weighted Ave.	289.2*	11.7%	41.1%	47.3%	58.4%	41.6%

*Weighted Average = 312.3 for 23 Programs reporting by Age; Weighted Average = 289.7 for 22 Programs reporting by Sex

TABLE 9 - CHILDREN PLACED IN FC - QUESTION 28

	Total #	% 0-5	% 6-12	% 13-18	% M	% F
AFC	0	0.0	0.0	0.0	0.0	0.0
A.M.I.C.O.	NA	NA	NA	NA	NA	NA
AGH	19	42.1	52.6	5.3	57.9	42.1
BASH	NA	NA	NA	NA	NA	NA
BBCS	15	46.7	53.3	0.0	46.7	53.3
BCGS-RDHK	0	0.0	0.0	0.0	0.0	0.0
BCGS-So.B.	1	0.0	100.0	0.0	0.0	100.0
Brookwood	11	0.0	45.5	54.5	54.5	45.5
CAS	6	50.0	33.3	16.7	33.3	66.7
GLIE	NA	NA	NA	NA	NA	NA
JPS	8	25.0	25.0	50.0	50.0	50.0
LWS	7	28.6	42.9	28.6	42.9	57.1
LESFU	NA	NA	NA	NA	NA	NA
NYD	NA	NA	NA	NA	NA	NA
NYF-Brook	1	0.0	0.0	100.0	0.0	100.0
NYF-E.Har.	14	35.7	35.7	28.6	35.7	64.3
NYF-P.B.	3	0.0	100.0	0.0	100.0	0.0
NYF-Rehab.	19	NA	NA	NA	NA	NA
OHEL	NA	NA	NA	NA	NA	NA
Pius XII	4	25.0	50.0	25.0	75.0	25.0
PBG	4	0.0	0.0	100.0	75.0	25.0
PRFI-Pla/Pre	11	9.1	81.8	9.1	45.5	54.5
QSPCC	4	0.0	75.0	25.0	75.0	25.0
Rheedlen	6	0.0	16.7	83.3	66.7	33.3
Riverdale	6	0.0	66.7	33.3	NA	NA
Sunset Park	3	0.0	33.3	66.7	100.0	0.0
St. Joseph's	NA	NA	NA	NA	NA	NA
Sch. Dist. 10	2	0.0	0.0	100.0	50.0	50.0
SGS-FRC	NA	NA	NA	NA	NA	NA
SGS-Outr.	3	0.0	0.0	100.0	33.3	66.7
Spence-3E	1	100.0	0.0	0.0	0.0	100.0
Spence-6E	NA	NA	NA	NA	NA	NA
Talbot	8	25.0	37.5	37.5	37.5	62.5
Wiltwyck	NA	NA	NA	NA	NA	NA
N	24 *	23	23	23	22	22
Weighted Ave.	6.5*	23.4%	45.3%	31.4%	51.1%	48.9%

* Weighted Average = 6.0 for 23 Programs reporting by Age; Weighted Average = 6.0 for 20 Programs reporting by Sex

Children Placed in FC - Question 28 (cont.)

	% of referrals actually placed	% of Total (Questions 24 & 28) children served actually placed
AFC	0.0	0.0
A.M.I.C.O.	NA	NA
AGH	95.0	8.5
BASH	NA	NA
BBCS	100.0	11.4
BCGS-RDHK	0.0	NA
BCGS-So.B.	25.0	0.7
Brookwood	137.5	6.9
CAS	75.0	2.4
GLIE	NA	NA
JPS	88.9	4.8
LWS	100.0	3.2
LESFU	NA	NA
NYD	NA	NA
NYF-Brook	20.0	1.4
NYF-E.Har.	100.0	NA
NYF-P.S.	100.0	1.6
NYF-Rehab.	NA	NA
OHEL	NA	NA
Pius XII	100.0	0.8
PBG	100.0	1.2
PRFI-Pla/Pre	78.6	1.9
CSPCC	80.0	2.2
Rheedlen	66.7	2.6
Riverdale	100.0	3.8
Sunset Park	100.0	2.8
St. Joseph's	NA	NA
Sch. Dist. 10	100.0	0.4
SGS-FRC	NA	NA
SGS-Outr.	75.0	5.0
Spence-3E	50.0	2.0
Spence-6E	NA	NA
Talbot	88.9	4.9
Wiltwyck	NA	NA
N	23	21
Weighted Ave.	86.7%	1.9%

APPENDIX C

APPENDIX C

Definitions of Services

The "mental health" services are further refined into the following definitions:

- Counseling: Individual, family or group (unrelated individuals); includes a range of interventions aimed at improving the social behavior and situation of the client(s). Advocacy and supportive services are often used as back-up for this counseling. The counseling may be broadly based, touching on a number of social, psychological or economic issues, or focused on specific issues.

- Therapy: Individual, family or group (unrelated individuals): Therapy is distinct from counseling in that it is more structured, requires a different set of skills from the service provider and tends to be more focused. The therapist, most often a trained psychologist, psychiatrist or social worker, meets with the client(s) usually in time-limited sessions, once or twice a week and, using a psychological or social psychological orientation, helps the client(s) better understand his or her problems.

- Therapeutic day care/child development sessions: A therapeutic day care program, called child development by some programs, is typically provided five days a week, 7-8 hours a day. In addition to supervised care for the child during the daytime, special activities to deal with the child's developmental, psychological and emotional or motor problems are provided. This therapeutic approach to day care allows for individualized treatment for children in a group setting.

"Concrete" services are further defined into the following definitions:

- Concrete and advocacy: Services which are often the most important in gaining the clients' trust at the beginning of treatment and may be the basis of services throughout treatment. They can be directed at a number of the clients' situational problems such as lack of food or poor housing. In order to promote effective delivery of these services, the program must develop an expertise in how other agencies in the community function (e.g., the juvenile/family courts, the welfare department, the housing department) and must establish good working relationships with the staff members of these agencies. In this way the program helps assure that clients get needed services from other agencies with whom the client may be at a disadvantage.

- Education: Includes tutoring, remediation, english as a second language classes as well as the full range of alternative school services.

- Recreation: Includes planned leisure time activities such as baseball, basketball, arts and crafts, picnics and fairs.

- Vocational: Services may vary from helping a client enroll in job-training, vocational rehabilitation or education that will lead to job improvement.

- Information and referral: Refers to the provision of information to clients about needed services delivered by other agencies. Some programs might initiate a referral for the client. Others do this and follow up.

- Coordination of services: Refers to the ongoing networking of all services provided for a particular client to promote better service delivery and avoid duplication.

- Legal assistance: Workers may pave the way for clients to deal with the courts or police on a variety of legal problems.

- Medical services: Refers to primary health care.

- Crisis intervention: Implies emergency, non-scheduled meetings with a client at times when the client is in crisis. This service may overlap in interest, although not in concept, with other services.

- Homemaking: A client may receive assistance with cleaning, meal planning, cooking and the like, thereby alleviating certain household stresses and pressures.

- Home management/budgeting: A client may receive assistance with money management within the home.

- Financial assistance: Small allotments of money may be given to clients to reduce the stress of financial crisis.

- Parenting Training: Child management or parent education classes are a series of group sessions devoted to child development, parenting and family relations. A common format used is a directed, but informal approach in which small groups of parents try to learn new positive behaviors.

APPENDIX D

APPENDIX D

CONTENTS

1. SSC Reporting Forms
2. Sample of Forms used by Preventive Programs for case monitoring, intake and indicators of "at risk"

SSC MONTHLY STATISTICAL FORM

DISTRICT:
PROJECT:
PERIOD COVERED:

CONTACT PERSON:
TELEPHONE:
CONTACT PERSON:
TELEPHONE:

SERVICES PROVIDED (Direct/Purchased)	# CASES
Casework (Individual/Family)	
a) Information/Referral.........................	______
b) Advocacy/Case Management.....................	______
c) Counseling/Therapy...........................	______
Group Counseling/Therapy........................	______
Education.......................................	______
Homemaker/Home Management.......................	______
Parent Aide.....................................	______
Recreation......................................	______
Day Care/Family Day Care........................	______
Psychiatric Evaluation..........................	______
Employment......................................	______
Financial Assistance............................	______
Other (Specify)........Sex.Education............	______
........Job.Training............................	______
........Housing.................................	______
........Legal.Services..........................	______

DURING THIS REPORT PERIOD		Total # of SSC Referrals
1. Total # of cases referred....................	______	______
accepted..	______	______
rejected..	______	______
Primary reason(s) for rejection.................. (Please list)		
2. Total # of families served...................	______	
3. Total # of children served...................	______	
4. Total # of children at risk served...........	______	
5. Total # of children served while in foster care.....	______	
6. Total # of children discharged from foster care while receiving service........	______	
7. Total # of children discharged from project and placed in foster care.........	______	
8. Total # of cases closed due to services provided and no longer necessary........	______	
9. Total # of foster care cases receiving preventive services where placement was shortened or made less restrictive........	______	
10. Total # of cases closed for reasons other than 7 and 8........	______	
11. Actual total expenditures to date..................	______	

Form W-853C (Face) (Rev. 3/20/75)
500M-701691-S1(75) 346

REQUEST FOR AUTHORIZATION AND APPROVAL FOR CARE AND SERVICES

The City of New York
Department of Social Services
Special Services for Children

TO:

SSC WORKER

AGENCY FOLD

TO:
AGENCY

NAME OF WORKER

BCW DATA	AGENCY DATE
	CASE SURNAME
	BCW CASE NO. TEAM/CSLD
	Mother's full name (incl. maiden name) / Social Security No.
	Address
	City St. ZIP
	Father's full name / Social Security No.
	Address
	City St. ZIP

▨ Shaded area for IARP use only

IARP FOLD	CHILDREN SURNAME	FIRST	M.I.	DATE OF BIRTH	WHEREABOUTS ADDRESS OR AGENCY	INITIAL PLACEMENT DATE	CITY BILL NUMBER	Request Code	APPD YES	APPD NO	INDICATE FOR: Code 00 Addl. Placement Effective Date Code 02 Ann. Reauthorization Annual Period Other Specifications Below
1											1
2											2
3											3
4											4

AGENCY: (Check one) ☐ Reply ☐ Report Only ☐ Request (See Reverse) Specify Type of Request:

SUMMARY: (ATTACH ADDITIONAL SHEET OF PAPER IF REQUIRED)

AUTHORIZATION SPECIFICATIONS FOR REQUEST CODES OTHER THAN 00 AND 02

DISCHARGE CODE	TYPE	NAME, RELATIONSHIP, ADDRESS			
04	FINAL	TO:	CODE 35	PLACE ON ADOP. REFERRAL	AGENCY:
05	$500		CODE 38	TAKE SURRENDER	
06	TRIAL	DATE:			DATE:

CODE 07	EXTEND CARE	Until date:	CODE 20	RETURN TO CARE	EFFECTIVE DATE	CODE 53	PL. IN PFDC	Parent's Fe
			CODE 58	PFDC-SUSP. PAYMENT	REASON			$

SSC: (Check one) ☐ Reply ☐ Request ☐ Report

AUTHORIZING SIGNATURE:

DATE:

Form W-853C (reverse)
Rev. 3/20/75

FOSTER CARE SERIES		SSC RESPONSE INTERVAL
CODE	TYPE OF REQUEST	
00/ADP	ADDITIONAL PLACEMENT	2 Weeks
01/AFC	AFTER CARE	2 Weeks
02/ARA	ANNUAL REAUTHORIZATION	8 Weeks
03/CTR	24-MONTH COURT REVIEW (392)	8 Weeks
04/DCF	DISCHARGE-FINAL	2 Weeks
05/DCG	$500 DISCHARGE GRANT	2 Weeks
06/DCT	DISCHARGE-TRIAL (SUSPEND PAYMENT)	2 Weeks
07/EXT	EXTENDED CARE	8 Weeks
08/FAC	FREE FOR ADOPTION THROUGH COURTS	* 2 Weeks
09/HMS	HOMEMAKER SERVICE	4 Weeks
10/ISP	INITIAL SERVICE PLAN	2 Weeks
11/MAR	MARRIAGE OR ENLISTMENT	2 Weeks
12/MAT	MATERNITY SHELTER CARE	2 Weeks
13/MSC	MEDICAL-SURGICAL CONSENT	3 Days
14/OSP	OUT-OF-STATE PLACEMENT	4 Weeks
15/PAR	PLACE ON ADOPTIVE REFERRAL	2 Weeks
16/PSH	PLACEMENT STATE HOSPITAL	3 Days
17/PUB	PUBLICITY ACTIVITY	2 Weeks
18/RFC	RE-PLACEMENT IN FOSTER CARE FROM FREE ADOPTIVE HOME	2 Weeks
19/RPT	RE-PLACEMENT OR TRANSFER	2 Weeks
20/RTD	RETURN TO CARE FROM TRIAL DISCHARGE (LIFT SUSP. PAYMENT)	5 Days
21/RVP	REVISED SERVICE PLAN	2 Weeks
22/SAR	SEMI-ANNUAL REVIEW	4 Weeks
23/SEP	SPECIAL EDUCATIONAL PROGRAM PLACEMENT IN	6 Weeks
24/SUB	SUBSIDIZED ADOPTION	6 Weeks
25/CVR	CURTAILMENT OF PARENTAL (AND SIG. OTHERS) VISITING RIGHTS	2 Weeks
26/PIN	TAKE CHILD TO COURT ON PINS	7 Days
27/TCC	TAKE CHILD TO COURT	7 Days
28/TSD	TAKE SURRENDER	5 Days
29/VIP	VACATION INDEPENDENT OF FOSTER PARENTS	2 Weeks
49/OTH	OTHER (SPECIFY)	Decision of Team Supvr.

PURCHASED FAMILY DAY CARE SERIES

50/ARA	ANNUAL REAUTHORIZATION	2 Weeks
51/DIS	DISCHARGE	None
52/MOD	MODIFICATION OF AGREEMENT	2 Weeks
53/PFC	PLACEMENT IN PFDC	2 Weeks
54/SAR	SEMI-ANNUAL REVIEW	2 Weeks
55/SPT	SUSPENDED PAYMENT	2 Weeks
99/OTH	OTHER PFDC REQUEST	Decision of Team Supvr.

FOR IARP USE ONLY

DATE REQUEST RECEIVED:					
1	2				
REQ. CODE	AUTHORIZATION ACTIVITY				
	DATE DUE	DISP. CODE	FORM NO.		
			DATE RECD.		

3		4	
FOLLOW-UP 1		FOLLOW-UP 11	
DATE DUE		DATE DUE	
FORM NO.		FORM NO.	
DATE RECD.		DATE RECD.	

TEAM CLERK: COMPLETE REQUEST TRACKING STAMP ABOVE

UTILIZATION OF REQUEST CODES

SELECT THE APPROPRIATE REQUEST CODE AND INSERT ITS NUMBER IN THE "REQUEST CODE" COLUMN ON THE REVERSE SIDE; BE SURE THAT THE CODE PERTAINS TO THE CHILD UPON WHOSE LINE IT APPEARS.

THEN INSERT THE REQUEST IN THE "TYPE OF REQUEST" SECTION ON FACE PAGE.

PLEASE NOTE THAT THE SHADED CODES/REQUESTS ARE FOR IARP USE ONLY IN RESPONSE TO REQUESTS MADE BY THE AGENCY ON EITHER THE W-853 OR W-853F.

PLEASE PRINT OR TYPE THIS INFORMATION IN SPACE PROVIDED.

PLEASE NOTE THAT THERE ARE SEPARATE CODES FOR PURCHASED FAMILY DAY CARE (PFDC) CASES.

BE SURE THAT YOU HAVE INCLUDED SUFFICIENT NARRATIVE SUPPORT FOR YOUR REQUEST ON THIS FORM &/OR ON ADDITIONAL SHEETS.

*IF COURT-ORDERED; IF NOT COURT-ORDERED, SSC RESPONSE INTERVAL IS 4 WEEKS.

Exp. Form PSP-1
Revised 3/23/79

The City Of New York
Department of Social Services
SPECIAL SERVICES FOR CHILDREN

REQUEST FOR ACCEPTANCE OR TERMINATION OF PURCHASE PREVENTIVE SERVICES

(complete in duplicate - send both copies to SSC)

A. TO: SPECIAL SERVICES FOR CHILDREN

When a case is not known to be active in SSC, send this form and Form DSS-2560 to the Application Section in the appropriate field office.

CHECK ONE:

○ MANHATTAN
80 Lafayette Street
New York, N.Y. 10013

○ BRONX
192 E. 151st Street
Bronx, N.Y. 10451

○ BROOKLYN
1274 Bedford Avenue
Brooklyn, N.Y. 11216

○ QUEENS
165-15 Archer Avenue
Jamaica, N.Y. 11433

○ STATEN ISLAND
One Beach Street
Staten Island, N.Y. 10304

When a case is known to be active in SSC, send this form and Form DSS-2560 to the worker responsible for the case.

WORKER'S NAME: ______________________ UNIT/TEAM: ______________

SSC OFFICE: ______________ ADDRESS: ______________

B. CASE DATA: (USE MOTHER'S SURNAME, MAIDEN NAME AND ANY CROSS REFERENCE)

CLIENT'S NAME: ______________________ SSC CASE NUMBER (if known) ______________

ADDRESS: ____
Number and Street — Borough — Zip Code

NAME(S) OF CHILD(REN): ______________ ______________ ______________

______________ ______________ ______________

C. PURCHASE PREVENTIVE SERVICES PROGRAM

NAME: ______________________ TELEPHONE NO. ______________

ADDRESS ______________________ BOROUGH AND ZIP ______________

CHECK ONE:
○ ACCEPTANCE OF PURCHASE PREVENTIVE SERVICES (see enclosed DSS-2560 for reason)
○ TERMINATION OF PURCHASE PREVENTIVE SERVICES (see enclosed DSS-2560 for reason)
○ NON-ACCEPTANCE OF SSC REFERRAL (STATE REASONS BELOW)

____

____

____

______________________ ______________
SIGNATURE — DATE

D. ACTION BY SPECIAL SERVICES FOR CHILDREN

○ CASE ACCEPTED
○ CASE NOT ACCEPTED (reason) ______________________________

____

____

○ SERVICES TERMINATED
○ SERVICES NOT TO BE TERMINATED (reason) ______________________________

____

______________________ ______________ ______________
SIGNATURE OF SSC SUPERVISOR — UNIT — DATE

SOCIAL SERVICES DISTRICT/CENTER	APPLICATION DATE Mo. Day Yr.	PURPOSE ☐ New ☐ Redetermination ☐ Reopened	ELIGIBILITY DATE Mo. Day Yr.	CASE NAME CROSS REFERENCE	CASE NUMBER

DSS-2560 (REV. 2/77)

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR SERVICES

PART I - IDENTIFYING INFORMATION

APPLICANT'S NAME (Last, First, M.I.)	MAIDEN NAME	OTHER NAMES BY WHICH APPLICANT HAS BEEN KNOWN	TELEPHONE NO.
RESIDENCE (No. and Street) (Floor)	(Apt. No.)	(City) (State) (Zip Code)	POST OFFICE BOX
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	TELEPHONE NO.	ADDRESS	RELATIONSHIP

PART II - SERVICE REQUEST

SERVICES REQUESTED BY APPLICANT:

FOR AGENCY USE ONLY

SERVICES INDICATED

☐☐ ☐☐
☐☐ ☐☐
☐☐ ☐☐
☐☐ ☐☐

PART III - FAMILY MEMBERS

- FOR AGENCY USE ONLY -

FULL NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER *	RELATIONSHIP TO APPLICANT	SEX M/F	BIRTHDATE Mo. Day Yr.	LAST GRADE IN SCHOOL COMPLET'D	MARITAL STATUS	WORK STATUS	LIVING ARRANGEMENT	ELIG. CODE	PRIMARY RECIPIENT IDENTIFIER	SPECIAL AREA	VERIFICATION DATA
SELF 01.		SELF										
02.												
03.												
04.												
05.												
06.												
07.												
08.												
09.												
10.												

* See Statement [illegible] II, regarding use of Social Security Number.

DSS-2560 (REV. 2/77) (REVERSE)

PART IV - ELIGIBILITY INFORMATION

Does the applicant or any member of his/her family listed in Part III receive ADC, SSI, Home Relief, or Medical Assistance? ☐ Yes ☐ No
If "Yes", give the following information and skip to Part V. If "No", complete monthly income information below.*

CATEGORY	CASE NAME	CASE NUMBER	WIN PROGRAM PARTICIPATION CERTIFIED? ☐ Yes ☐ No

* MONTHLY INCOME INFORMATION

On the following lines include the income of all members of the applicant's family living in his home whether or not he is requesting services for them. The amounts should reflect present monthly income from these sources.

		VERIFICATION DATA - For Agency Use Only -	
ITEM	MONTHLY INCOME	Documentation Source	Period Covered
Money Wages or Salary *(before any deductions)*			
Net Income from Self-Employment			
Social Security and/or Railroad Retirement Benefits *(including disability payments)*			
Dividends, Interest, Income from Estates or Trusts, Net Rental Income, or Royalties			
Public Assistance or Welfare Payments			
Pensions and Annuities *(including Veteran's Pensions)*			
Unemployment Compensation and/or Workmen's Compensation			
Alimony and/or Child Support Payments			
TOTAL GROSS MONTHLY INCOME			

INCOME VERIFIED ☐ Yes ☐ No

EXEMPT INCOME ☐ Yes ☐ No

Amount $ ____________

PART V - CERTIFICATION OF APPLICANT OR AUTHORIZED REPRESENTATIVE AND PRIVACY ACT NOTICE

I understand that the information contained on this form will be used to determine my and/or my family's eligibility for services, and that the information will be disclosed only for purposes directly connected with the administration of such services. I agree to inform the agency promptly of any change in my income, living arrangements, household composition, or address to the best of my knowledge and belief. I further understand that this application may be investigated and I agree to furnish such information as may be required to establish my eligibility. I certify, under penalty of law, that to the best of my knowledge the information I have supplied on this form is true and correct.

SIGNATURE OF APPLICANT X ____________ DATE ____________

SIGNATURE OF AUTHORIZED REPRESENTATIVE X ____________ DATE ____________

ADDRESS OF AUTHORIZED REPRESENTATIVE ____________

PRIVACY ACT NOTICE - DISCLOSURE AND USE OF SOCIAL SECURITY NUMBER

A person making application for services shall disclose the social security number of any person for whom services are requested. Such disclosure is mandatory under the authority of section 351.2 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York, 42 USC 1397a and 42 USC 602(a) (25). Social security numbers are used to provide proper identification of applicants for and recipients of services and to verify eligibility.

PART VI - DISPOSITION - FOR AGENCY USE ONLY -

DISPOSITION OF APPLICATION ☐ Eligible ☐ Denied ☐ Withdrawn Reason: ____________	INCOME MAINTENANCE STATUS VERIFIED? ☐ Yes ☐ No How ____________
DATE ELIGIBILITY BEGINS: | ELIGIBILITY DETERMINED BY: (Worker's Signature) X Date:	ELIGIBILITY DETERMINATION APPROVED: X Date:
SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION (If not caseworker) X Date:	EMPLOYED BY: ☐ Social Services District ☐ Provider Agency (specify) ____________

School District 10
COMMUNITY MEDIATION TRAINING PROGRAM
3961 Hillman Avenue
Bronx, New York 10463
220-8418

Naomi Barber, Executive Director

Deirdre Mancini, Asst. Director

INTAKE FORM

Mother's Name____________________ Maiden Name______________ Date Accepted_______

Father's Name____________________ Two-parent Family___ Single-parent Family___

Staff Member ____________________ Ethnic Group: Black__ Hispanic__ Other__

Address:____________________________________ Date of Birth___/___/___

Telephone:________________ Age:_____ Sex: M_____ F_____

Employed:_____________ Unemployed:_____________

Children(name, age, sex):______________________________________

____

Family Members Participating:

Name	Sex	Age	Relationship

Past/present Social Agency Involvement(i.e. welfare, self-help programs, etc.):

Name of Agency	Date of Service	Type of Service

Primary Presenting Problem: a) Child related____ b) Parent related____

c) Intra-familial____ d) Environmental____ Problem code:_______

Source of Referral:_____________________________ Contact:_______________

Address:_______________________________________ Telephone:_______________

Psychological/medical history:______________________________________

____

PROJECT BASEMENT
542 WEST 153rd STREET
NEW YORK, NY 10031

Name ______________________ Intake date ______________________

Soc. Sec. # ______________________ Family worker ______________________

Other agencies involved with family:

Name	Address	Contact person	Telephone

Health Data:

facility ______________________

address ______________________

clinic card # ______________________

medicaid # ______________________

Identification of problem:

____

____

____

____

____

Outline of plan:

____

____

____

____

____

Evaluation of Client Needs:____

Specific Plan of Action and Services to be Provided:____________________

Rationale for Service Activities:____________________________________

Type of Follow-up Service to be Provided.______________________________

Progress Reports: Frequency:____________________ Name of Person and Agency: ____

Termination Date:____________ Primary Reason for Termination:

1) Service Goal(s) Acheived____

2) Planned Placement of Child in Foster Care____

3) Emergency Placement of Child in Foster Care____

4) Time limited, Program/Services ended____

5) Client Moved____

6) No Client Contact with Program(no show)____

7) Client Dropped Out of Preventive Program____

8) Preventive Program Deemed Client Inappropriate for Program____

9) Other(specify)____

GOAL ATTAINMENT SCALE

Client_________________________ Worker________________________

Address_________________________ Date of Initial Contact______

Case #_________________________ Date of Contract______________

Problem Area_________________________

Best anticipated
Success
+2

More than Expected
Outcome
+ 1

Expected level of
Outcome

Less than Expected
Outcome
-1

Most Unfavorable
Outcome
-2

Services Needed (Plan):

Resources Available:

Obstacles:

The High Risk Assessment

The high risk assessment is the basic determinant of family union involvement with a family. Most of these families have severe disturbances in child rearing practices and patterns which will, most assuredly, bring them to the attention of either the child welfare and/or juvenile justice system if located early or the penal or mental institution system if located late. This assessment begins in the initial screening which is usually done by the team leader. In his or her absences this is done by the intake or emergency worker.

There are several questions which must be addressed in this initial screening which will give you some beginning impressions of the family's functioning.

1. what is the presenting problem?
2. what does the family know about the L.E.S.F.U. model of work? Does he understanding about convening, contracting and monitoring?
3. are there other agencies involved with the family? Specificially what have they been working on?
4. What are his expectations of this agency?

During this screening the worker looks for evidence of poor family functioning because of any of the noted high risk variables.

a. young child with premature responsibilities.
b. pressured parenting figure (poor coping techniques).
c. physical or mental problems of parents.
d. poverty (chronic and devastating).
e. lack of cleanliness.
f. injuries (many) to child, bruises, abrasions, scars.
g. malnutrition, failure to thrive.
h. abuse, sexual abuse.
i. physical or mental problems of child.
j. marital and/or family discord.
k. neglect (failure to provide basic needs).
l. age of parents, too young, too old.
m. size of family.
n. immigration status.
o. substance abuse, alcohol or drugs.
p. child inadequately supervised.

If there is evidence of any of these variables the family is accepted for intake, where a complete diagnostic assessment is completed. It is during this period the caseworker/social worker associates thoroughly examines the problem. Looking closely at the interrelationship of the facts, the specific people involved and the precipitating stimulus for the current crisis. He or she also looks at the internal and external pressures.

The high risk assessment relates not only to the complexity of problems presented by the family but also the family's coping mechanisms. The worker concentrates on the resources of the family noting both the strengths and the weaknesses. During this period the worker must deal with questions of the judgment, reality testing and self image of the family system.

Based on this and the other resources such as family, social groups, friends, peers, neighbors, religious institutions and the like the high risk assessment is determined.

Thus the high risk assessment is based on the following ingredients:

1. nature of the problem.
2. nature of the client system.
3. internal and external pressures.
4. available family resources.

CATHOLIC CHARITIES
DIOCESE OF BROOKLYN

SERVICE UNIT	☐☐☐
CASE NO.	☐☐☐☐☐

CASE NAME	PRESENTING WORKER'S NAME

I. REVIEW INFORMATION

REVIEW DATE ☐☐☐		REVIEW NO. ☐	NEXT REVIEW DATE ☐☐☐
PRESENTING WORKER I.D. # ☐☐☐☐☐		REVIEW TEAM LEADER I.D. # ☐☐☐☐☐	

II. CASE ACTIVITY

OUTCOME CODES
A. ACHIEVED
N. NOT DONE
P. IN PROCESS

TARGET CODES
D - DECLARED
B - BYPASSED
W - WORK UP
C - CONTINUED

ACTION CODES (ENTER SUM OF AS MANY AS APPLY)
1 - REFERRAL (TO OTHER AGENCY ONLY)
2 - INFORMATION/ADVICE
4 - COUNSELING
10. ADVOCATE
20. INQUIRE FURTHER

PROBLEM AREAS		OUT TO DATE	TARGET	ACTION
ALCOHOL/DRUGS	A			
CARE OUTSIDE HOME	B			
CONSUMER	C			
EDUCATION/TRAINING	D			
EMPLOYMENT	E			
FAMILY CONFLICT	F			
CHILD RELATED	G			
MARITAL	H			
PERSONAL ADJUSTMENT	I			
FINANCIAL/MATERIAL NEED	J			
HOMEMAKER ATTENDANT, AIDE	K			
HOUSING	L			
LEGAL	M			
MENTAL HEALTH	N			
PHYSICAL HEALTH	P			
RECREATION/LEISURE	Q			
RELIGION & FAITH	R			
WELFARE ENTITLEMENT	S			
OTHER PROBLEMS (SPECIFY)	T			

DETAILS AND PRIORITIES

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CASE STATUS (CIRCLE ONE)

OPEN
1 - NEWLY OPENED
2 - RE-OPENED
3 - CONTINUING

CLOSED
4 - NO SHOW
5 - GOALS ACHIEVED
6 - AGENCY DECISION
7 - CLIENT DECISION

III. TEAM IDENT.

CASE MANAGER NAME ____________ ☐☐☐☐☐	CASE ASSOCIATE #1 NAME ____________ ☐☐☐☐☐
CASE ASSOCIATE #2 NAME ____________ ☐☐☐☐☐	CASE BACK UP NAME ____________ ☐☐☐☐☐

CENTRAL REGISTRY COPY

CR-1 (7/76)

APPENDIX E

A

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Program Name and Location:

Abusing Parent and Child Unit
1175 Third Ave.
New York, NY 10021

Halfway House
820 Theriot Ave.
Bronx, NY

Contact Person:

Ms. Clothilde Lee
879-2200

Dates of Site Visits:

(to the 1175 Third Ave. site)
September 13 and 14, 1979

Background:

This program, sponsored by New York Foundling Hospital, has three intergrated components: an in-patient mother-child residence, an out-patient unit, and a halfway house for mothers and their children.

The in-patient residence was developed by Dr. Vincent Fontana, Project Director, in 1972 in the belief that parents who maltreat their children could be treated and, wherever possible, the separation of the parents and child should be avoided. This component works with mothers who have no more than two children, 6 years old or younger. In 1975, in response to requests to enlarge the program, the out-patient, 'I Care' component, was established. This component is less selective than the residence, enabling the program to work with intact families and parents with older children.

The Halfway House opened in 1976. It, in combination with the out-patient program, is designed to facilitate the return of mothers, who were previously in the in-patient residence, to the community. The Halfway House serves two mothers and up to three children.

The program initially funded privately, is now funded by Title XX monies. The SSC contract began in 1972.

Goals and Objectives:

The programs overall goal is to promote the growth of parents towards higher levels of functioning, greater self-esteem, self-control, emotional maturity, competence and self-responsibility.

Specifically:

- to prevent the institutionalization of children;
- to prevent separation of parent and child whenever possible; and

- to prevent further abuse or neglect by removing children from families who show an unwillingness or inability to profit from treatment.

Target Population:

This program serves alleged and/or adjudicated abusive parents throughout the five boroughs.

The In-Patient Residence serves up to eight mothers and sixteen children from 0-6 years of age. The Halfway House serves two adolescent mothers and up to three children, any age.

The 'I Care' component is non-selective, and established to reach families in the community who needed treatment, but were unable to become in-patients.

All ethnic groups are served, but the majority of clients are Hispanic and Black, socio-economically deprived families. Almost half the mothers served have had or currently have a child in placement. In addition, many mothers have been in foster care themselves due to abuse/neglect. Presenting problems include: history of unhealthy family and interpersonal relationships, low self-esteem, poor impulse control, educational deficits, a need for parenting skills, poor judgment, a history of substance abuse, and an inability to trust others.

Referrals come primarily from SSC, other child care agencies, and hospitals.

Method/Services:

The in-patient residence and 'I Care' components are located in the New York Foundling Hospital headquarters in Manhattan. The Halfway House is located in an apartment in the Bronx.

The in-patient and 'I Care' components offer services at similar levels of intensity. An Inter-Disciplinary Team approach is used. This Team consists of the Psychiatric Social Worker, Social Service Assistant, Group Mother, Psychologist, Psychiatrist and a Registered Nurse, when needed. The use of a professional/paraprofessional team is seen as a strength in developing a trusting relationship. The Halfway House clients stay six months to a year and participate in the therapeutic activities of the 'I Care' program. At the same time, they are encouraged to go to school, work, or enroll in a job training program.

The methodology of this program stresses an integrated multi-disciplinary team approach to attempting to break the cycle of abuse.

Residential Care: This is available for mothers and their children, in both the in-patient and halfway house components of the program described above. They differ in their size and therapeutic intensity.

Casework: Traditional individual and family casework focusing on ego supportive counseling for the mothers is offered by the social workers and social service assistants. It also encompasses advocacy, escort services, information and referral and financial assistance.

Therapy: Intensive individual and group therapy sessions designed to augment emotional growth are conducted by professional staff. Chemotherapy, under the supervision of a medical director, is used when appropriate. Behavior therapy techniques are also employed.

Training: Parent and home-management training are offered focusing on the development of skills which will increase parents practical and emotional selfsufficiency. This training is provided both on site and in the client's home. These are usually provided by Group Mothers who also serve as surrogate mothers; mothering the mothers while teaching them homemaking and parenting skills.

Therapuetic Nursery: A relatively new addition to the program is a therapeutic nursery which serves up to 60 children. This is an intensive, structural one-to-one tutorial approach under the direction of an Early Childhood specialist. The program is dual purposed: it offers an opportunity to enhance the cognitive skills of the children and prepares them for day care and other nursery experiences, and it also provides a forum in which parents can learn how to live and cope with their children.

Evaluation and Testing: Psychological and psychiatric evaluations of both parents and children are conducted by clinical staff on as as neeeded basis. Children are also assessed in terms of their developmental milestones.

Staff: (for three components)

Direct service staff include:

1 Asst. Director (MSW) 1 Program Coordinator (M.S.)
1 Psychiatrist (M.D. part-time)
2 Psychologists (Ph.D. part-time)
4 Psychiatric Social Workers (MSW)
1 Early Childhood Specialist (B.A. plus experience)
1 Child Care Worker (H.S. diploma)
9 Group Mothers
1 Supr. of Group Mothers
10 Social Service Assistants
1 Teachers Aide (H.S. diploma)

In addition, the sponsor contributes the following staff:

- 1 Program Director (M.D., expert in child maltreatment, part-time)
- 1 Child Psychiatrist (part-time)
- 1 Child Psychologist (part-time)
- 1 Child/Adult Psychiatrist (part-time)o

Plus, there are nine part-time volunteers and two Foster Grandmothers, part-time.

Program Size: (for all three components)

The program contracted with SSC to serve up to 225 families for FY'80; the number of families which can be served at any given time is 85.

Funding:

The SSC contract for Fiscal Year '80 is in the amount of $570,273; funding is by Title XX.

Program Name and Location: Advocates for Children
of New York, Inc. (AFC)
29-228 41st Avenue
Long Island City, NY 11101

Contact Person: Miriam Thompson
729-8866

Dates of Site Visits: October 9 and 10, 1979

Background:

In 1970 Advocates for Children began as a volunteer, case advocacy organization concerned with the exclusion of children from the school system. During its evolution it was affiliated with Martin De Porres Day Treatment Program, a model community-based program for unserved handicapped children. Originally funded by CJCC, funding through SSC began in 1976. Since that date AFC has expanded the amount and scope of its case and issue advocacy, and incorporated new divisions into its program including a Youth Employment Program and a Youth Leadership Program.

Goals and Objectives:

Advocates for Children's ultimate goal is to reduce foster care placement, family stress and child exclusion from essential services by a multipronged advocacy strategy. Through these advocacy strategies the program strives to:

- insure a child's education and related entitlements;
- increase parent and child understanding of their entitlements by developing their knowledge of the provider system and the techniques of self advocacy;
- make the education system more responsive and develop collaborative community partnerships through issue advocacy; and
- to influence policy development and to change it through training, organizing and coalition building.

Target Population:

AFC is a city-wide agency serving economically disadvantaged and working class families. Staff refer to clients--both parents and children--as constituents; the focus of the service is the child. Children are generally 5-21 years of age, multi-ethnic, but predominately Hispanic and Black. All have educationally related problems such as suspension, truancy, discrimination or unmet special needs. In recent years, the Handicapped Children's Right Unit has greatly expanded because of P.L. 94-142 and the subsequent demand. Referral sources are schools, community organizations, friends and self-referrals.

Method/Services:

Advocates for Children's offices are headquartered in Long Island City. The program is grounded on the assumption that education is a crucial entitlement which is not being broadly delivered, and that through case and issue advocacy systems can be made to work and constituents can become empowered. Program office hours are 9 a.m.-8 p.m. on Mondays and Wednesdays, and 9 a.m.-5 p.m. Tuesday, Thursdays and Fridays.

Casework: The focus of casework is educational case advocacy and its format is case management. Advocates represent individual children and their families to help secure appropriate educational and other child-related services. Advocates' responsibilities include: educating parents and children about their rights, negotiating the educational system, representing constituents at suspension and appeals hearings and advocating for the establishment of needed programs within the schools. Case advocacy can include professional legal representation.

Advocacy: In addition to case advocacy a major thrust of AFC's program is issue advocacy which incorporates a variety of basic strategies such as:

- organizing "parent-constituent" groups around issues and forming a Parent-Advisory Council;
- analyzing legislation and recommending policy changes to legislative and administrative bodies;
- organizing and participating in coalitions of agencies; and
- bringing cases to court based on case advocacy experiences.

Community Involvement: A cornerstone of issue advocacy is community outreach and involvement. In addition to coalition building--both among constituents and agencies--AFC has an extensive outreach component. It includes publishing the newsletter, The Advocate. Together with Locals 259 and 365 of the United Automobile Workers Union, AFC has undertaken a demonstration advocacy outreach program to blue collar families in shops and factories in New York City. The program is designed to secure educational and child care services for union members and their neighbors. Additionally, Advocates for Children has a separate grant to organize parents of handicapped and non-handicapped children in several target community school districts. It is also a sponsor of a youth leadership program in conjunction with six community-based organizations.

An integral part of AFC outreach strategies is its training programs which are offered via casework, workshops and conferences to both parents and community organizations. The fundamental purpose of these sessions is to teach people about their legal educational rights, how to exercise them and how to become empowered.

Crisis Intervention: Crisis intervention is offered as immediate advocacy on a emergency problem related to a child's education.

Groups: Groups are an intrinsic part of the issue advocacy and community involvement. They are task oriented and organized around educational issues. Their purposes include training youth and parents in self-help advocacy skills, distributing information and organizing constituents around issues.

Vocational Services: Under separate funding sources AFC has recently undertaken a Youth Employment Program which is designed to provide work skills, employment opportunities, counseling and remediation.

Staff:

There are fifty paid staff, thirty-seven of whom are full-time and thirteen part-time. Those providing services are:

1	Executive Director (MSW)
14	Case Advocates (three years community experience)
4	Trainers/Supervisors (B.A. + three years community experience)
4	Researchers (MSW or B.A. + two years experience)
2	Research Interns (B.A.)
3	Lawyers (passed Bar exam)
10	Youth Leaders (some community experience)
3	Law Interns
2	Parent Organizers
1	Union Retiree
1	Job Developer
3	Field Staff covering youth leadership development, job site supervision and counseling

Program Size:

AFC has contracted with SSC to serve up to 1,000 families in FY'80; the number of families which can be served at any given time is 200.

Funding Sources:

Funding is on a match grant basis with a combination of private and city funds being used to meet the 50% state match. The SSC contact amount for FY'80 is $100,000.

Program Name and Location:	Brooke Avenue Placement Prevention Program P.S. 30, 510 E. 141 Street, Bronx NY P.S. 40, 468 E. 140 Street, Bronx NY P.S. 27, 519 St. Ann's Ave.,Bronx NY
Contact Person:	Michael Garber 993-7600
Date of Site Visit:	November 8, 1979

Background:

The program is sponsored by New York Foundling Hospital (NYFH). The program began in September 1976, with private and state funds, as the "Concourse Village Program." The program had been invited into P.S. 156, serving Concourse Village, at that time. Staff met with the Superintendent, Director of Pupil Personnel and all guidance counselors in Community School District 7 to do a needs assessment. The result was the choice of the three current school sites. Contracting with SSC began in 1976.

Goals and Objectives:

The primary goals are to prevent placement among children from the "high-risk" population in the South Bronx and to improve the quality of family life. Specific objectives include:

- to identify children who are at risk of placement at the schools being served;
- to provide individual and family casework, concentrating on family relations and clarification of roles;
- to provide case management and advocacy services, helping families to negotiate systems and ease pressures to improve the standard of living; and
- to assume primary educational planning responsibilities for clients to ensure appropriate placement in school programs.

Target Population:

All children are referred by the schools because of a school-related problem. Cases are accepted where there is a family problem impinging on the child's success at school. The families are generally Hispanic and single-parent.

Common problems include a lack of parenting skills and housing and welfare needs. The catchment area is Community District 1 in the Bronx, specifically the area served by the 3 elementary schools. The primary sources of referrals are the schools and the sponsor.

Method/Services:

The program operates out of the three elementary schools with a small office at the NYFH Bronx office. It is open Mondays through Fridays, 8:30 AM to 4:30 PM.

Casework: Casework is the primary service. This includes individual and family counseling, home management, parenting training, and case advocacy. Advocacy may include escorting clients to appointments, sitting in on hearings, or writing a letter to clarify a situation.

Groups: There is a weekly parent group based on informal discussion of immediate problems and the development of a peer support system.

Staff:

1 School Social Worker (MSW)

Program Size:

The program contracted with SSC to serve up to 27 families in FY'80 with approximately 14 families being served at any given time.

Funding:

The SSC contract for FY'80 is in the amount of $17,776. The program is funded on a match grant basis with private and city monies being used to meet the 50% state match.

Program Name and Location: Brooklyn Bureau of Community Services (BBCS)
Preventive Service Program
285 Schermerhorn Street
Brooklyn, NY 11217

Contact Person: Aideen Nunan
875-0710

Date of Site Visit: September 18, 1979

Background:

This Prevention Service Program is sponsored by Brooklyn Bureau of Community Services. BBCS was one of the original foster care agencies to develop a preventive service program under 911 demonstration monies. It began operation in 1974 as did contracting with SSC.

Goals and Objectives:

The primary goal of BBCS Preventive Service Program is to prevent the need for placement and improve the level of care of children in their own home. Emphasis is placed on strengthening the family unit's ability to cope with stressful situations. Objectives include:

- to raise the functioning level of parents and help parents develop parenting skills;
- to help families obtain needed concrete services; and
- to promote the educational, emotional and social growth of both parents and children.

Target Population:

This borough-wide program serves Brooklyn families with at least one child at risk. The majority of the families served are Black, young, single-parent families with very serious problems in the areas of nuturing and supervising children, and home management. Most of the families are poor and overwhelmed by environmental problems. The focus of the service is usually the parent.

Primary sources of referrals are other agencies, SSC, and the sponsoring agency.

Method/Services:

The Preventive Service offices are housed in BBCS' building which is located in a commercial, easily accessible section of Brooklyn. Program hours are 9 AM to 5 PM weekdays, except Mondays when it is open until 8 PM.

Casework: Intensive individual and family casework is the core service of this program. Following the traditional model, casework encompasses supportive counseling, therapy advocacy, budget and home management training, parenting training, coordination of inter-agency services and information and referral. Casework sessions take place at the program or in the client's home.

Advocacy: Caseworkers spend a great deal of time helping clients find appropriate resources and negotiate with various bureaucracies.

Crisis Intervention: Crisis intervention entails any service needed to meet critical, immediate needs such as housing, food, and supportive counseling.

Direct Financial Assistance: Money is distributed for emergencies, such as food, clothing, or tuition for day care or camp.

Staff:

The direct service staff are:

1 Project Director (MSW)
3 Caseworkers (MSW)
1 Case Aide

Program Size:

BBCS Preventive Service Program has contracted with SSC to serve up to 40 families in FY'80, with an average of 30 families being served at a given time.

Funding:

For FY'80, the SSC contract with BBCS Preventive Service Program is in the amount of $142,952; the program is fully funded by Title XX.

Program Name and Location: Brookwood Preventive Services
154 South Portland Ave.
Brooklyn, NY 11217

Contact Person: Ursulina Punch
783-2610

Date of Site Visit: October 4, 1979

Background:

This program is sponsored by Brookwood Child Care. The Preventive Service program began operation October 6, 1975 as did contracting with SSC. Ms. Punch, director since December 1978, is in the process of reorganizing the program and refocusing it towards a crisis intervention model.

Goals and Objectives:

The primary goals are to intervene with a multi-problem family to prevent children from entering foster care, to facilitate the return of children in foster care to their families and to divert children from the Family Court system. Specific objectives are:

- to improve communication within families;
- to help families define their problems and set goals;
- to provide concrete services so that families have a realistic chance of succeeding;
- to alleviate environmental stress; and
- to develop a community advocacy network.

Target Population:

The primary client is the acting-out or non-compliant child. Families are Black or West Indian, rarely intact, public assistance recipients. Problems include housing, and medical needs, and the lack of parenting or communication skills.

The catchment area is Community Board #2 in the Fort Greene area of Brooklyn. Referrals come from the schools, the sponsoring agency, self-referrals, the courts, Brooklyn Hospital, SSC, and other individuals and social service agencies in that order.

Method/Services:

Brookwood Preventive Services is located in a brownstone in the Fort Greene community. It is open Mondays through Fridays, 8 AM to 6 PM. On Mondays and Tuesdays, there are regular evening hours till 8 PM.

Casework: Casework is the core service. This includes counseling and more in-depth therapy for children and parents, individually and in groups. The quality of the casework depends on the severity of the problem and the importance of emotional roots. About half of the cases are referred to the agency psychologist and/or psychiatrist for evaluation. Casework also includes counseling on alcohol and drug problems, home management and budgeting issues, family planning, and case advocacy. Advocacy takes the form of writing or calling the appropriate person to expedite procedures.

Groups: There are the following group activities:

a) a mothers group focusing on parenting skills;

b) a group for working mothers who have older, adolescent children;

c) a girls group focusing on counseling, grooming, peer relationships, etc.; and

d) a boys group is forming which will assist members to obtain insight into behavior in order to get control of behavior so as to change it.

Education: Preventive service clients participate in a tutoring program run by the sponsoring agency. Each child receives individual tutoring from a Board of Education teacher (this is not a BOE program) tailored to his or her needs. This service is purchased from the sponsor.

Emergency Services: The program follows a crisis intervention model. The goal is to respond immediately, without red tape, to clients and complete an evaluation within 3-4 weeks. There is a 24-hour hotline into the sponsoring agency.

Outreach: The program is attempting to develop networks with all of the educational and social service agencies in the Fort Greene area.

Vocational Counseling: The program purchases services from the Federation of Employment and Guidance for appropriate clients through an agency contract.

Information and Referral: The program provides information and referral services to community residents.

Staff:

Direct service staff include:

1 Director (also responsible for Brookwood's Family Day Care Program; MSW and 13 years experience)
3 Social Workers (MSW and at least 5 years experience)

Program Size:

The Program contracted with SSC to serve up to 100 families during FY'80; the program can serve between 40-50 families at any given time.

Funding:

The SSC contract amount for FY'80 is $76,976; funding is on a match grant basis with a combination of private and city monies meeting the 50% state match.

Program Name and Location:
Builders for Family and
Youth Jamaica Prevention (BFY)
120-09 141st Street
South Ozone Park, NY 11436

Contact Person:
Rosalyn Ferguson
738-2500

Date of Site Visit: September 20, 1979

Background:

This preventive program is sponsored by the Brooklyn Diocese of Catholic Charities. It began operation in July of 1976 as did contracting with SSC.

Goals and Objectives:

The primary goals of the program are to provide a resource center in order to help coordinate the strengths of the community and to create a stabilizing force as a basis for strengthening the family unit and deterring family disintegration. Specific objectives include:

- to provide counseling and advocacy for 250 families;
- to provide services to 300 children;
- to provide education, psychological testing and tutoring;
- to provide neglect and abuse prevention information;
- to prevent foster care placement of children and/or facilitate their return home; and
- to facilitate growth and adjustment in those children exhibiting symptoms of emotional stress.

Target Population:

The program's focus of service is on children 7-16 years and their families. The target population is in Community Board 12, a densely populated area of Queens with a large poor and minority population. The ethnic mix of this population is evenly divided between Black and White. The shared problems seen in this service population include economic deprivation of families and school related problems of children. Referrals come mainly from self, schools, and other social service agencies.

Method/Services:

The program is located in a large three-story building in a residential section of Ozone Park. It views itself as a multiservice comprehensive family center. The program's hours are Tuesdays, Thursdays and Fridays, 9 AM to 5 PM, Mondays and Wednesdays, 9 AM to 8:30 PM.

Casework: Casework is the umbrella service provided by BFY. It includes three treatment modalities:

> Individual: Individual casework entails examining all systems which impact on the individual and then determining an appropriate method of intervention. This could include concrete services, advocacy, counseling and supportive psychotherapy.
>
> Family: Family casework involves a similar approach as individual casework but applied to the family as a unit.
>
> Groups: Group work involves primarily supportive and socialization groups, such as single parent groups where parents share experiences and support each other and children's socialization groups comprised mainly of young people who are experiencing behavior problems at home and/or at school.

Homemaker Services: The program has a homemaker unit comprised of two homemakers. These services are provided on an as-needed basis.

Emergency Services: These services include an organized food and clothing exchange for clients who are in need.

Psychological and Psychiatric Services: These services are purchased on an as-needed basis from the sponsoring agency.

Staff:

Direct service staff include:

- 1 Project Director (MSW)
- 4 Case Workers (MSW)
- 2 Case Aides
- 1 Group Worker (MSW)
- 2 Group Aide
- 2 Homemaker

Program Size:

The program contracted with SSC in FY'80 to serve up to 300 families; the program can serve 165 families at any given time.

Funding:

The SSC contract amount for FY'80 is $245,000; funding is provided on a match grant basis with a combination of private and city monies meeting the 50% state match.

Program Name and Location:

Bushwick Family Care Project
1151 Bushwick Ave.
Brooklyn, NY 11221

Contact Person:

Ms. Heddy Samuels
574-0129

Date of Site Visit: October 23, 1979

Background:

The Bushwick Family Care Project was begun by the sponsoring agency, Salvation Army, in June, 1979, with funding contracted through SSC.

Goals and Objectives:

The overall goal of the program is to preserve the integrity of the family unit by identifying and serving families in crisis situations and by providing services that foster optimal functioning of the individual in the family and in the community over the long term. The program aims to be the stabilizing influence and to help families find resources.

Specifically:

- to establish improve communication between family members;
- to educate clients in terms of parenting responsibilities and skills and normal child development;
- to reduce parent-child stress by providing home management training;
- to help clients develop their ego strengths, self control, self sufficiency and sense of responsibility through therapy; and
- to evaluate the situation and develop appropriate treatment plans.

Target Population:

This program serves families living in Community Planning Board #4 of the Bushwick section of Brooklyn. The population is 60% Black, 40% Hispanic, and primarily consisting of single-parent (female heads of households) families with two to three children. Most of the youngsters served are pre-adolescents.

Common problems presented include housing, economic difficulties, substance abuse, marital discord, mental illness, child behavioral problems, parent-child conflicts, unwed mothers and school-related problems.

Referrals are received primarily from the sponsoring agency, walk-ins, legal aid, police, mental health clinics, schools and local community agencies.

Method/Services:

This community-based program is located in the Bushwick Corporation of the Salvation Army. Program hours are as follows: Mondays 9 AM to 8 PM and Tuesdays to Fridays 9 AM - 5 PM.

Casework: Casework is the primary service offered and following the traditional model encompasses individual and family therapy crisis intervention, advocacy, home management and budget counseling, financial assistance and information and referral. Services are delivered either at the program site or in the homes of clients.

Parenting Training: A major focus of casework is parenting training which is usually conducted by the Parent Aide in the client's home. This training, relying heavily on play therapy for both individual children and all family members, is supervised by the social worker.

Groups: The program plans to begin a parent group in conjunction with Bushwick Mental Health Center. Preadolescent groups have recently begun.

Supplementary Services: Tutoring, vocational counseling, recreation and psychological and psychiatric evaluations are offered by the sponsoring agency to program clients when appropriate.

Staff:

1 Supervisor (MSW; part-time)
1 Team Leader (MSW)
1 Parent Aide (High School diploma and 1 year experience)

Program Size:

The program contracted with SSC to serve up to 50 families during FY'80. The number of families which can be served at any given time is between 10-14.

Funding:

The SSC contract for FY'80 is in the amount of $81,800; funding is on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location:	Center for Family Life in Sunset Park 345 43rd Street Brooklyn, NY 11232
Contact Person:	Sister Mary Geraldine 788-3500
Dates of Site Visits:	October 27 and 28, 1979

Background:

This community-based program is sponsored by St. Christopher's Home. It became operational in November, 1978, after the completion of a seven-month community needs assessment. The SSC contract also began in November, 1978.

Goals and Objectives:

The overall goals and objectives of the Center for Family Life are:

- to provide an integrated and full range of personal and social services to sustain children and families in their own homes to counter forces which create disequilibrium in families;
- to prevent the inappropriate use of foster care and institutionalization;
- to provide access to families through a daily 8 AM - 11 PM availability, seven days a week;
- to offer a range of direct services including clinical, supportive social activities, family life education, and linkages to other programs; and
- to have staff engage in intergroup and community development activity to promote and increase the neighborhood's capability to sustain families.

Target Population:

The program operates in the Sunset Park area of Brooklyn, a declared poverty area with a transient population of more than 90,000 people. Fifty percent of the population served by the program are Hispanic; thirty percent are White; and twenty percent are Black. Households are usually composed of single mothers with two or three children. Both parents and children exhibit serious educational deficits and deteriorated housing conditions are a prevalent environmental problem. The major source of referrals are self followed by schools.

Method/Services:

This community-based program is centrally located in Sunset Park and is open 8 a.m. - 11 p.m. seven days a week. The live-in project and clinical directors are available twenty-four hours for emergencies.

Casework: Traditional casework is the umbrella service and includes individual, group and family counseling, psychotherapy, crisis intervention and information and referral. Casework also includes addressing needs related to income, housing, education, vocational planning as well as resource location for medical or legal assistance.

Advocacy: While advocacy is part of casework on an as-needed basis, the program has recently begun an "Advocacy Clinic" at a local church. Here, clients can learn to advocate on their own behalves. Advocacy efforts also involve the linking of clients with public assistance, food stamps, medicaid and the housing department.

Education: Informal tutoring and remediation are provided by caseworkers to both parents and children. A caseworker runs an English as a second language class.

Recreation: The program offers a range of social activities for families, children and adults. This includes drop-in afternoon programs for children and youth, a weekly teen night and a weekly parents' night with child care provisions. Recently, the program initiated a neighborhood Recreation Task Force to more fully involve the neighborhood residents in the program's social activities. In addition, the program runs a recreation program three afternoons a week at a local school, P.S. 1.

Group Services: These include groups for adolescent boys and girls, women's groups, mothers' groups, and groups for latency aged boys and girls, along with trips and outings.

Family Work: Family therapy sessions are held as appropriate, as well as workshops and family life education programs at P.S. 1.

Financial Assistance: The program will purchase food, clothing and furniture for families. They keep an emergency "food closet" with staples for crisis situations

Testing and Evaluation: Psychiatric and psychological evaluations are conducted by part-time clinical consultants. These are done when there is a question regarding the nature or severity of a client's symptoms.

Staff:

Program direct service staff consists of:

1 Project Director (M.A.)
1 Clinical Director (D.S.W. contributed)
1 Case Supervisor (MSW)
5 Caseworkers (MSW)
1 Social Group Worker (MSW)
1 Eductional Advocate (M.A.)
1 Community Developer (MSW)
2 Family Workers (one year college plus experience)
1 Psychologist (part time)
1 Psychiatrist (part time)
1 Family Advocacy Worker (Vista Volunteer)
1 Recreational Worker (Vista Volunteer)

Program Size:

The Center for Family Life has contracted with SSC to serve up to 300 families for FY'80; the number of families which can be served at any given time is 200.

Funding:

The FY'80 contract with SSC is in the amount of $333,727. The program is fully funded by City monies.

Program Name and Location: Child and Family Counseling Services
30-19 32nd Street
Astoria, NY 11102

Contact Person: Dr. Theoni Spyropoulos
274-9007

Date of Site Visit: September 12, 1979

Background:

The Child and Family Counseling Service was begun by the sponsoring organization, Hellenic American Neighborhood Action Committee (HANAC) in 1977; contracting with SSC also began at that time.

The program was originally conceptualized to provide only information and referral. However, due to the language barrier, the program began to provide direct services.

Goals and Ojectives:

The overall goal of the program is to provide counseling services to Greek-speaking (monolingual), Greek American families threatened by disruption due to cultural and language barriers. Specifically:

- to provide families with enough information and support to enable them to understand negotiate systems; and
- to strengthen family relationships through counseling.

Target Population:

Although this program has an open intake, city-wide policy, it specifically targets the Greek immigrant community in Queens, which has a total population of about 80,000. The program is the only preventive service program serving Greek-speaking families.

Most of the families served have come to the United States within the last ten years, and the parents do not speak English. They are generally two-parent families with two to three children under the age of 18.

The common problems of these families usually revolve around their inability to handle their children either scholastically of socially. They cannot deal with the larger community and do not understand the role of the schools in the U.S., for in Greece, schools play more of a role in reinforcing home socialization processes. Violence in the home is also a common problem.

Additionally, these families miss the support of the extended family which is an integral part of Greek family life.

A particular pattern which the program is attempting to address is the returning of children to Greece for 3-4 years when problems arise here. When the youngsters return to the U.S., they are even more problematic due to the rejection of parents; more problems develop, and they are sent back to Greece again.

The majority of referrals come from local schools and usually involve the Committee of the Handicapped. The Board of Education is now accepting evaluations done by this program to determine the school placement of youngsters.

In addition to schools, referrals also come from other social service agencies and the sponsoring organization.

Method/Services:

This community-based program is housed in the same building as four other HANAC programs. These programs are a Social Service program, a Youth Program which offers tutoring and recreation, a Job Placement Program and an English as a second language program. They are all available to preventive service program clients. The Child and Family Counseling Service Program is open Mondays, Thursdays, and Fridays from 9 AM to 5 PM and Tuesdays and Wednesdays from 9 AM to 8:30 PM.

Casework: Casework is the core service and includes counseling, individual and group therapy, crisis intervention, parenting training, advocacy, and information and referral. All casework services (provided by a trained social worker or trained clinical staff), take into account cultural and language problems.

Psychological and Psychiatric Testing: Psychological and Psychiatric assessments are performed on an as neeeded basis. These evaluations are routinely accepted by the Board of Education to help determine the educational placement of youngsters.

Groups: The program presently runs a Mothers Groups and an Adolescent Group designed to reach clients and provide informal support. There are plans to extend the groups and hold them in community schools and churches as a form of outreach.

Staff:

Direct service staff include:

1 Project Director (Ph.D.)
3 Part-Time Counsellors (MSW or M.A.)
1 Part-time Consultant Psychologist
1 Part-time Consultant Psychiatrist

All staff speak Greek, and are of Greek heritage.

Program Size:

The program contracted with SSC to serve up to 100 families for FY'80. The number of families which can be served at a given time is 40.

Funding:

The SSC contract amount for FY'80 is $35,376. The program is funded on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location: Child Placement Prevention Program (CPP)
116 West 14 Street
New York, NY 10011

Contact Person: Jose Parrilla
924-6320

Dates of Site Visits: September 18 and 19, 1979

Background:

The Child Placement Prevention Program is sponsored by the Puerto Rican Family Institute and was begun in 1973 as did contracting with SSC.

Goals and Objectives:

The goal of this program is to maintain and strengthen Puerto Rican and Hispanic families at risk and prevent the need for foster care by attaining self support and/or self care/family care for its families.

The program works:

- to prevent the foster care and institutional placement of youngsters;
- to determine the need for alternative care when living at home is not feasible and attempts to maintain the family have failed;
- to sustain the family through the placement process when placement is inevitable, and work toward early return home;
- to locate Hispanic foster homes within the community when institutional care has been ruled inappropriate; and
- to help parents understand their rights and obtain the services and benefits they are entitled to.

Target Population:

The program offers services to Puerto Rican and Hispanic families residing in Manhattan. Most cases come from the Lower East Side and others from East Harlem and the Upper West Side. Families must have one child under 18 years. The families served are at "high risk" due to a combination of factors both emotional and environmental. Families usually consist of a single mother with three children. Seventy-five percent of the families are on public assistance.

The primary sources of referrals are self, schools and hospitals.

Method/Services:

The program is characterized by an organizational split of staff responsibilities; there are social service (MSW) and clinical staff who are responsible for counseling, therapy, and the coordination and monitoring of case activity. There are also supportive staff (paraprofessionals primarily) who are responsible for particular areas of expertise: health, education, housing, job development and home economics.

All case decisions are made by the treatment team consisting of the social worker, relevant supportive staff and supervisors.

Additionally, the program places an emphasis on its being culturally aware to the special needs and perspectives of their clients; all staff must be fully bilingual.

The program is open weekdays, 8:30 AM to 5 PM, and has hours on Tuesdays till 7 PM.

Casework: Traditional casework services include crisis intervention, case advocacy, individual, group and family therapy plus play therapy and marital counseling. Casework also includes parenting training is offered in cooperation with appropriate supportive staff.

Supportive Services: These services include job development, vocational counseling, home management and budgeting, and counseling around health related issues and needs. Supportive services also includes educational assessment, tutoring and advocacy with schools. Supportive staff also refer youngsters for summer camp and plan recreational activities including trips and a Scout of America troop.

Clinics are run every few months and there are ongoing attempts to have clients attend to their health needs.

Supportive staff are used extensively to escort clients for purposes of interpretation, advocacy and assistance in negotiating external systems.

Testing and Evaluation: Psychiatric and psychological testing, evaluation and treatment are available on an as-needed basis.

Staff:

The direct service staff include:

1 Program Director (MSW)
1 Assistant Director (MSW)
1 Supervisor Supportive Services (B.A.)
6 Family Coordinators (MSW)
1 Registered Nurse

2 Health Aides (H.S.)
1 Home Economist (B.A.)
3 Home Aides (Life experience and sound judgment)
1 Educational Coordinator (B.A.)
2 Educational Aides (College credits)
1 Job developer (College credits)
1 Housing Aide (H.S.) part time
1 Psychologist (Masters Degree)
1 Psychiatrist (Certified M.D.) part time

Program Size:

The CPP Program has contracted with SSC to serve up to 250 families during FY'80. Approximately 150 families can be served at any given time.

Funding:

The FY'80 contract amount with SSC is $513,934; funding is by Title XX.

Program Name and Location: Community Center for Family Living
American-Italian Coalition of
Organizations, Inc. (AMICO)
138 Bay 20th Street
Brooklyn, NY 11214

Contact Person: Maria Amato
256-1173

Date of Site Visit: October 24, 1979

Background:

In November of 1976, AMICO was established with SSC funding and operated by the Congress of Italian American Organization (CIAO). The Board of Estimate then transferred sponsorship of this program to Builders for Family and Youth for an interim period which began January 1, 1979. Following this temporary measure, permanent sponsorship was granted to AMICO effective May 1, 1979. The program was originally located in a small storefront area, but has recently moved to empty classrooms on the second floor of St. Finbar's Confraternity Center. Over the past few months the program has gone through extensive reorganization including a major turnover in personnel.

Goals and Objectives

AMICO's ultimate goal is to maintain the nuclear family as a workable unit and to prevent children from being placed out of their homes. The program aims to help families rationally overcome problems which contribute to child abuse and neglect and family disintegration. Specific objectives include:

- to develop community awareness of family problems and make it acceptable to ask for help;
- to work together with other agencies to help problem ridden families;
- to provide counseling services to individual youth and their families;
- to reach families early and provide education on family living;
- to continue to research the changing needs of the community; and
- to develop a model prevention program for the community.

Target Population:

AMICO serves second and third generation Italian families predominantly from the Bensonhurst, Bay Ridge and Boro Park areas of Brooklyn. Although the children served range in age from 2 1/2 to 17 years of age, the majority are adolescents many of whom have school related problems such as truancy, poor achievement or acting out behavior. Other common problems include intra-familial conflicts, loss, drug abuse, incorrigibility and delinquency.

Usually the mother is the adult family member with whom the agency has contact. The primary sources of referral are the schools and police.

Method/Services:

AMICO is a community-based program located in a secluded wing of a parochial school. The program hours are as follows: Mondays, Wednesdays and Fridays from 9 AM - 9 PM, and Tuesdays and Thursdays from 9 AM - 7 PM. Where appropriate, clients are charged on a sliding-scale basis.

Casework: Casework is the basic service offered by AMICO and includes individual and family counseling, advocacy, case management and information and referral. Home visits are done in emergency situations and in those few cases where that kind of outreach is called for.

Therapy: Individual and family therapy are offered by the MSW social work staff. Art and play therapy are two therapeutic techniques regularly used with children.

Groups: Both activity and counseling groups, led by trained social workers, are offered. Types of groups include sibling groups, parenting groups, and adolescent groups.

Crisis Intervention: Crisis intervention is available.

Staff:

Direct service staff include:

1 Project Coordinator (B.A.)
1 Head Social Worker (MSW)
1 Social Worker (MSW)
1 Casework Supervisor (MSW; 4 1/2 hours per week)
1 Executive Director (B.A.; 3 1/2 " " ")

Program Size:

The program has contracted with SSC to serve up to 100 families in FY'80, and estimate that between 40-50 families would be served at a given time.

Funding:

The AMICO contract amount with SSC for FY'80 is $62,210; funding is on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location: Community Mediation Training Program (CMTP)
School District 10
3961 Hillman Avenue
Bronx, NY 10463

Community Center: 4725 Park Avenue
Bronx NY 10458

Contact Persons: Deidre Mancini, 220-8475
Naomi Barber, 220-8418

Dates of Site Visits: October 16 & 17, 1979

Background:

The Community Mediation Training Program, sponsored by Community School District 10, began operation in 1975 with funding by CJCC. Contracting with SSC began in 1978. The program was designed to teach families how to help other families, a goal which has remained constant.

Goals and Objectives:

The primary goal of the Community Mediation Training Program is to strengthen the family and avert family breakup. Program activities are geared toward enabling troubled families to restore or to develop their ability to provide a nurturing, supportive family environment for their children, and consequently, avoid foster care placement.

Objectives include:

- to support families within their communities by providing services which will preserve and stabilize family life;
- to keep children in their schools; and
- to develop an effective network of parents trained as "helping agents" within the neighborhoods.

Target Population:

This program serves families living in Community School District #10, in the Bronx, who have children under 17 years old who are exhibiting maladaptive behavior. These behaviors, which are counterproductive to positive emotional, social, physical and academic growth, range from chronic lateness at school to involvement with the Family Court. Special assistance and intervention is provided for displaced families, runaways, pregnant teenagers, neglected/abused children and families in which an alcohol/substance abuse problem exists.

The families served are the single parent, urban poor suffering the hardships -- economical, emotional, and physical -- of their situation. Most of the families served are Black and Hispanic.

Major sources of referrals are schools, the court, other clients and walk-ins and other community agencies.

Method/Services:

This project is community based with two locations, the main office at P.S. 95 and the Community Center which shares a building with a School District 10 Alternative School. The program also has an office in Bronx Family Court and the counselors work out of the schools. The program is open from 9 AM to 11 PM weekdays and from 9 AM to 5 PM on Saturdays.

Family Mediation: This, one of the primary services, is designed to involve all family members in the solution of the problem which caused a family member to be referred. Family Mediation is a style of working. Its aim is to reinstate control and structure into the family environment. The methodology requires that counselors not interfere with family lifestyles, for example, by promoting traditional role models; but rather share work cooperatively with the family, find joy within the family unit and identify families choices in relation to various problems. Information, referral and counseling might become components of the mediation process. It is a model which strives to be non-judgmental.

Advocacy/Case Management: Advocacy is a worker's intervention on behalf of a client who needs assistance in negotiating bureaucratic systems. Case management constitutes the arrangement, coordination and monitoring of services provided to a client by an outside agency. It also entails review of service plans and objectives to assure comprehensive services to a client.

Outreach/Community Involvement: All aspects of the program emphasize reaching out to the community from using a street-work approach with target youth to linking families with needed community services.

Some examples of program outreach and community involvement efforts are:

1) "A Farm in the Bronx:" a project in which families worked cooperatively to turn a garbage infested lot into a vegetable farm.

2) The Parent Training Component which has established an effective grass-roots support network by training community parents to identify and help troubled families.

3) The Community Center, which is centrally located and easily accessible, provides a plethora of activities ranging from GED preparation to recreation programs. There is also a Hot Line at the Center.

4) Staff works in neighborhood schools, family court, out of storefronts and parishes.

Crisis Intervention: This service constitutes immediate, intense, short-term intervention focused on the cause of a crisis. In addition to a counselor being available, parents man a "hot-line" every evening.

Groups: There are two types of groups offered regularly. The first type, "group networks," is designed for socialization and as an activity developed to establish positive patterns of new-interaction and develop problem solving skills.

The second type, "group counseling," is provided to at least three unrelated individuals and are designed to help individuals resolve conflicts through the group process.

Education: Staff often use tutoring as a means of working with adolescent clients. The Community Center is set up to encourage parents to bring their children there to tutor them. The program also sponsors a GED program for adolescents and adults who have not completed high school.

Educational testing/assessment is arranged as needed.

Parent Training: An integral part to CMTP are the Parent Aides who are formally trained and paid an hourly wage by the program to provide supportive services in the home focusing on the parent. The relationship is designed to reduce isolation and foster personal growth. Many of these paraprofessionals were at one time clients of the Mediation Program. Parent Aides work with families referred to the Mediation Program, but are also encouraged to seek out and help families within their own neighborhoods who are in need of help.

Recreational Activities: These include sporting events, cultural outings, arts and crafts and leisure time activities. They are planned for individuals and groups with the sole purpose of enjoyment of the activity.

Positive Alternative Activities: These include recreational activities and are designed to give youngsters the opportunity to become involved and committed to something which succeeds. Presently youngsters are establishing a coffee house at which local talent will perform. They have also sponsored a disco, a Hispanic Film Festival and a "Day of Entertainment in the Park."

Staff:

There are 14 paid staff, three of them are part-time.

1 Executive Director (MA)
1 Program Director (MA)
1 Project Supervisor (MA)
5 Youth and Family Counselors
4 Parent Workshop Leaders
3 Family Workers

Program Size:

Community Mediation Training Program has contracted with SSC to serve up to 444 families in FY'80. The average number of families served at a given time is 80.

Funding:

For FY'80, the SSC contract with CMTP is in the amount of $200,000; funding is on a match grant basis with city monies meeting the 50% state match.

Program Name and Location:	Comprehensive Mother Infant Program 1175 Morris Park Avenue Bronx, NY 10461
Contact Person:	Sister Mary Sheridan 597-8500
Date of Site Visit:	September 6, 1979

Background:

The idea for the program began with Sister Mary Sheridan who had worked for seven years in the Comprehensive Family Care Center. The center is one of the Title V Children and Youth Programs and is sponsored by Albert Einstein College of Medicine. As a worker, Sister Sheridan saw the need for a program to aid distressed mothers in child rearing before they become overwhelmed. She took her idea to the Community Center's Board and the Albert Einstein Clinical Research Board. They agreed to support such a program should it receive funding. Contracting with SSC began in July of 1979.

At the time of the visit the program had not yet begun work with the client population; but had begun the training of staff.

Goals and Objectives:

The program's goals are to assess families in need in order to find and to develop their strengths as a means of improving family functioning. Specific objectives include:

- to demonstrate a way to identify strengths and risks in the mother/infant relationship and in their living situation;
- to modify any unrealistic perceptions that mother and/or health providers may have towards infants;
- to minimize problems which may hinder the infants' development; and
- to reduce environmental stress on infants.

Target Population:

The program plans to serve a random sample of sixty infants aged three days through eighteen months and their mothers who are currently enrolled with the Comprehensive Family Care Center. They represent a population that is considered to be at risk due to low income, poor education, isolation, physical and mental health problems plus the fact that they live in the medically underserviced areas of Community Discrict 10.

Method/Services:

The program is housed in the Comprehensive Family Care Center which is located in one of the buildings owned by Albert Einstein College of Medicine. One of the major reasons for locating here was that the availability of the medical facilities was seen as an asset. The program's hours are Mondays through Fridays, 9 AM - 5 PM and at other times on an as-needed basis.

The Mother-Infant Program will operate on a research basis. The hypothesis of the study states that if one alters the unrealistic perceptions that mothers and health providers/staff have towards infants, the behaviors of mothers and health providers/staff will, in turn, be automatically modified. The methods to be used to test this hypothesis include:

The Parents' Perception Index: This is a psychological health assessment tool which will be administered to mothers by the Aides in order to screen for strengths and risks in the lives of both mothers and infants.

The Social Service Movement Scale: This provides a series of factors to be considered by the Aides when making an assessment of the unmet environmental and social needs of the mothers and infants.

In addition, the research design involves the use of:

A Control Group: Like the Experimental Group, the Control Group will be randomly selected from the population of the Comprehensive Family Unit. Both groups will also continue to receive services from the Comprehensive Family Care Unit. The Control Group, however, will not be offered any of the services of the Mother-Infant Program.

An Observation Room: The observation room contains a one-way mirror which will be used for both training of staff and for observing the interaction of mothers and infants. Mothers will also be invited to observe their infants when left with a stranger.

Family Aides: They are required to be women who have had positive parenting experiences. They will be trained in the use of the research instruments and techniques of interviewing. They will be responsible for using these instruments for gathering information on parents and children which will then be used to plan for their needs while incorporating their strengths. They are the key staff for the program.

The primary services, which will be delivered mainly in the homes include:

Parenting Training: This is the core service to be provided. The service philosophy stresses the importance of the early identification of strengths of parents and children in order to intervene before parents fail. The Aides, based on information gathered from the administering of the instruments and their own observations of the parent child interaction in the homes and at the center, will endeavor to reinforce the positive interactions and modify the less positive ones. Also included as part of parental training will be home management skills training, budget counseling and education in childhood developmental tasks.

Advocacy: This service entails assisting clients who are experiencing difficulties in negotiating welfare and educational systems or helping those with housing and consumer problems who are having difficulties representing themselves.

Escort Services: Escort Services will be provided by the Aides on an as-needed basis.

Information and Referral: This includes providing parents with information on available resources within the center and elsewhere. The aides will also help parents coordinate the myriad of services and agencies with which they are often involved on a day-to-day basis.

Supportive Counseling: Supportive Counseling is provided to both the family and individuals by the Aides on an as-needed basis.

Other Services: Psychiatric evaluations, primary health care services and twenty-four hour emergency services will be provided by the Comprehensive Family Care Center and Albert Einstein College of Medicine since clients in the study are also enrolled at the Center.

Staff:

Direct service staff include:

1 Program Director (PH.D Candidate)
4 Family Aides (H/S diploma)

Program Size:

The program contracted with SSC to service sixty families in FY'80; these families will all be served.

Funding:

The SSC contract for FY'80 is in the amount of $75,181.84. Funding is on a match grant basis with a combination of private and city monies meeting the 50% state match.

Program Name and Location: East Bronx Family Service Center
1760 Westchester Avenue
Bronx, NY 10472

Contact Person: Monte Gray
824-1870

Date of Site Visit: September 7, 1979

Background:

This program is sponsored by Leake and Watts Children's Home. It first received funding through SSC in April 1979, but did not begin serving clients until August 1979. The program is still not fully staffed.

Goals and Objectives:

The overall goal is to prevent placement or reinstitutionalization of children and to improve family stability. Specific objectives are:

- To provide brief or long-term social work intervention to enable family members to cope with or overcome acute psychosocial problems.
- To assist families with concrete services and counseling (when appropriate) in situations where they would not be able to function otherwise.
- To reinforce community support so that "high risk" families will be able to function optimally within a socially adequate environment.

Target Population:

The program serves the Northeast Bronx (Community Districts 6 and 9). At the time of the site visit, there were not enough clients to allow staff to make further generalizations.

Method:

The program is community-based. As of January 1, 1980, it will be open 24 hours a day, 7 days a week.

The following describes the proposed program design:

Casework: Casework is the core activity. The initial stress is on concrete services until a strong relationship is established and there is sufficient control over the family situation to move on to more therapeutic services. Concrete services include case advocacy based on establishing contact people and providing assistance in negotiating the public bureaucracies.

Emergency Services: The program plans to be open 24 hours a day, 7 days a week beginning January 1, 1980. The agency is exploring the possibility of a hotline.

Home Management: The program staff will include crisis homemakers, paraprofessionals who will be placed with families to do housework, teach homemaking skills, and "fill any gaps" during a crisis period.

Groups: The program plans to provide regular group therapy, activity-centered groups, and "mixed function group"-i.e., groups formed around the types of classes or activities which lend themselves to discussion and examination of problems. Parenting training and home management classes will be one such group.

Outreach/Community Involvement: The program has already begun contacting all of the local social service agencies and community groups. There are plans to develop tenant and block associations and contribute to community development activities.

Staff:

(The program is not fully staffed yet)

1 Project Director (MSW and 7 years administrative experience)
1 Assistant Project Director/Social Service Supervisor (MSW and 3 years supervisory experience)
1 Team Leader (MSW and 2 years supervisory experience)
2 Caseworkers (MSW and experience)
3 Social Work Assistants (some college or 3 years experience)
2 Family Workers (2 years experience)
1 Community Developer (BA and 3 years experience)

Program Size:

The program contracted with SSC to serve up to 300 families for FY'80 with approximately 150 families being served at any one time.

Funding:

The SSC contract amount for the first six months of FY 1980 is $157,014; funding is 100% city.

Program Name and Location: East Harlem Neighborhood Center (EHNC)
291 Pleasant Avenue
New York, NY 10029

Contact Person: Sister Carol De Angelo
348-0760

Dates of Site Visits: September 13 and 14, 1979

Background:

EHNC, which is sponsored by New York Foundling Hospital, was established in January 1976, with grants from two foundations. Contracting with SSC began in July of 1976. The original program focused on parents who were overwhelmed and it only devoted a portion of its time to the adolescent mother. In December 1978, EHNC staff, after having intensive training and evaluation sessions with a consultant, sponsored by the Child Welfare Exchange, shifted and narrowed the program's focus to adolescent mothers.

Goals and Objectives:

The major goal of EHNC is to reachout to East Harlem adolescent parents in order to strengthen family life and prevent child placement. Emphasis is on helping parents develop their self-esteem, personal skills and interests while also helping parents develop parenting skills.

Specific objectives include:

- to build internal strengths within mothers so they in turn can nurture their children;
- to increase parents' understanding of child development and parent-child interaction;
- to provide children with developmentally sound activities;
- to develop parents' advocacy skills and increase their knowledge of budgeting, homemaking, and family planning;
- to involve adolescent mothers in vocational training programs or facilitate their return to school; and
- to improve relationships between parents, children, boyfriends and family.

Target Population:

EHNC serves parents in East Harlem under 21 years of age who are either pregnant or have infants or toddlers. Community District #11 is the program's official catchment area. The families served are isolated, multi-problem families who live in substandard housing and make little or no use of community resources. The majority of clients are public assistance recipients and do not have enough money to meet their basic needs. Most have minimal educations. All the parents are overwhelmed by their situations and some are neglectful or even abusive toward their children. Many of the babies show developmental lags. The majority of clients are mothers, who are either Black or Hispanic. Primary sources of referrals are hospitals, schools, and health clinics.

Method/Services:

EHNC is a neighborhood-based program which does extensive outreach, particularly home visiting. Program hours are 9 AM to 4:30 PM weekdays, with no regular evening hours.

Casework: Generic casework services are offered on both an individual and family basis, and comprise counseling, advocacy, family planning, budget and home management training, and information and referral. When necessary, workers coordinate inter-agency services and offer limited financial assistance on an emergency basis for necessities.

Advocacy: Advocacy, a major component of casework, consists of helping clients find and negotiate with various governmental systems to acquire services and learn how to assert their rights.

Crisis Intervention: Crisis intervention is always available and consists of addressing immediate and pressing physical, emotional, and/or environmental problems.

Groups: EHNC has a Group Worker who leads several types of groups scheduled during day and evening hours. Most groups are for mothers and are task-oriented. Some focus on areas such as grooming, educational experiences, and crafts. Theme centered groups grapple directly with emotional issues and experiences.

Day Care: The day care space of the program is arranged with a livingroom, kitchen and dining area. In this setting, under the observation of staff, mothers feed, play and care for their children, thus allowing for modeling and child care instruction. It is this format which allows mothers to learn parenting techniques while their children are concurrently receiving infant stimulation and having their developmental milestones monitored. The center can also serve as a mini-day care facility. Under a separate grant, a mini-day care center has been included as part of the nursery to serve clients who have returned to school.

Testing and Evaulation: The Early Childhood Specialist conducts Bailey Developmental Assessments on children under 2 1/2 years of age. Clients are referred to neighborhood clinics for any other testing.

Community Involvement: EHNC has established a joint program with Mt. Sinai Hospital's neo-natal program for outreach to teenage parents using the hospital.

Staff:

The direct service staff are:

1 Administrative Supervisor (MSW)
4 Family Workers (MSW preferably)
1 Early Childhood Specialist (M.S.)
3 Parent Aides (CETA funded)

Program Size:

EHNC has contracted with SSC to serve up to 125 families during FY'80; the number of families that can be served at one time is fifty.

Funding:

The SSC contract for FY'80 is in the amount of $142,308; it is on a match grant basis, with city monies meeting the 50% state match.

Program Name and Location:
Family Consultation Center of Gravesend
Preventive Program (FCC)
2322 East 4th Street
Brooklyn, NY 11223

Contact Person:
Philip Ingenito
627-0500

Date of Site Visit: September 25, 1979

Background:

The Family Consultation Center's Preventive Program began in the spring of 1978, as did contracting with SSC.

Goals and Objectives:

The primary goal of the program is to provide various modalities of counseling to children who are living in pathogenic environments in order to foster understanding and insight. In addition, the program works to:

- secure placement for those children who need to be removed from this environment, while treatment is being provided to their parents to make the home environment suitable for the child's re-entry;
- implement parental workshops and educate adults in improved ways to communicate and discipline their children;
- provide casework services to families who need assistance in securing foodstamps, Social Security Income (SSI) and housing;
- make contacts with various agencies who deal directly with child abuse;
- make personal contacts with all schools in Districts 20, 21, 22, and provide speakers on abuse and neglect;
- serve, through outreach efforts, 150 families and 300 children;
- objectively assess and measure change in treatment by using a self report personality inventory (Personality Research Form); and
- serve as the focal referral service in the community.

Target Population:

The program's target population includes families of Italian descent residing in the Gravesend community and to a lesser degree, the area of Bensonhurst, Coney Island and Sheepshead Bay.

Families "at risk" with children under 18 are eligible for service. Common problems presented by these families are runaway children, substance abuse, incest, parent and child abuse and severe psychiatric problems. Cases are most frequently referred by courts, police, schools, and clergy.

Method/Services:

The preventive unit is housed in the Family Consultation Center which is located in a large three-story building in the residential section of the Gravesend community. The unit serves as an intake and screening mechanism for the entire agency. This process is supervised by the Project Director. The program is open weekdays 9 AM to 10 PM, and on Saturdays, 9 AM to 4 PM.

The unit's service focus is mainly a mental health one with concrete services provided within this context.

Individual, Groups and Family Therapy: These modalities follow a traditional psychodynamic model. Most groups involve parent effectiveness training and are described as mainly "didactic."

Concrete Services: This comes under the rubric of casework and includes advocacy on behalf of clients, information and referral and any other "non-clinical" services. Currently there is a great emphasis on providing community-wide education on incest which is perceived a a major source of family and individual conflict.

Psychiatric and Psychological Services: These are provided on an as-needed basis by consultants.

Staff:

Direct service staff include:

1 Project Director (M.A. Psychology)
1 Director of Casework Services (Part-time) MSW

Program Size:

The program contracted with SSC to serve up to 100 families in FY'80. The number of families which can be served at any given time is 30.

Funding:

The SSC contract for FY'80 is in the amount of $118,940; funding is in a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location: Family Counseling Program
297 Dean Street, Brooklyn, NY 11217
329A Myrtle Avenue, Brooklyn, NY 11205
245 Graham Avenue, Brooklyn, NY 11206

Contact Person: Sandy Hall
855-4885 or
498-3601

Date of Site Visit: October 30, 1979

Background: The Family Counseling Program, begun in 1975 with a grant from CJCC, is sponsored by the Brooklyn Association of Settlement Houses (BASH). Contracting with SSC began in October, 1978.

Goals and Objectives:

The primary goal of the program is to divert and/or prevent youth from becoming involved in the juvenile and criminal justice systems. Specific objectives include:

- to reduce the rate of recidivism;
- to provide alternatives to incarceration for youth;
- to provide a support system of counseling and social services for families of youth involved with the juvenile/criminal justice systems; and
- to reduce the incidence of juvenile delinquency.

Target Population:

The BASH program serves court related youth and their families residing within the catchment areas of the program's three neighborhood-based sites. Youths are usually ten to fourteen years, 70% males, 30% females; 70% Black, 25% Hispanic and 5% White. Most are either currently engaged in criminal activity or have histories of criminal involvement. The homes are usually single-parent female-headed and generally display a disorganized family life. Aside from substandard living conditions and economic deprivation, illiteracy of both parents and children are common problems. Truancy and serious educational deficits are also recurrent themes. The primary sources of referrals are schools, police and court.

Method/Services:

The program operates out of three sites; two are storefronts and one occupies a floor of a settlement house. The program is open Mondays to Fridays, 9 AM to 10 PM, and on Saturdays, 10 AM to 6 PM.

Counseling: The umbrella service is counseling which includes individual, family and group counseling, crisis intervention, advocacy and home visits. Counselors also provide recreational activities and vocational counseling.

Staff:

The direct service staff includes:

1 Project Director (B.A.)
3 Site Directors (B.A.)
6 Counselors/Advocates (H.S.)
1 Court Worker (H.S.)

Program Size:

The BASH Family Counseling Program has contracted with SSC to serve up to 300 families in FY'80 amd states that the number of families that can be served at any given time is 140.

Funding:

For FY'80, the SSC contract amount is $182,945; funding is on a match grant basis with city monies meeting the 50% state match.

Program Name and Location: Family Reception Center
441 Fourth Avenue
Brooklyn, NY 11215

Contact Person: Adrienne Lawler
788-0666

Date of Site Visit: Ocotber 9, 1979

Background:

This program which was founded in October, 1972, is sponsored by the Sisters of the Good Shepherd. It was initially funded by the Law Enforcement Assistance Administration (LEAA). Its contract with SSC, began in October 1975.

Goals and Objectives:

The primary goal of the Family Reception Center is to provide comprehensive, family centered services on behalf of children and youth at risk in the Park Slope area of Brooklyn. The program aims at making family and neighborhood work for children who may become labelled or even considered for exclusion from home and community. Specific objectives include:

- to provide clinical services at no cost to families at risk;
- to provide recreational services that increase socialization and provide social integration; and
- to provide direct advocacy for those who have been denied access to needed services: education, housing, welfare.

Target Population:

The program serves the Park Slope community of Brooklyn. Its service population reflects the ethnic mix of the catchment area; fifty percent of the clients seen are Hispanic; fifteen percent Black and thirty-five percent White. Any person living in the area with children under eighteen who cannot afford to pay for services can receive them here or be directed to an appropriate agency. The common problem with which families are most frequently confronted are said to be poverty, housing and the school system. The referrals to this agency come mainly from schools, family court and other community groups.

Method/Services

As a community-based agency, the services provided here are geared not only to meet the needs of individual clients but to attempt to affect the community as a whole. The program's hours are Mondays through Fridays, 8 AM - 9 PM, and Saturdays, 9 AM to 5 PM. Phone coverage is available at all other times.

The Center works closely with the Park Slope Mini School which plays a key role in providing educational services to children at the elementary and intermediate level. The school originally began with twenty-one children who had been identified by social workers at Family Reception Center as needing a special education program. The school now operates in three locations, P.S. 321 serving children ages seven to twelve, P.S. 281 and I.S. 88 where there are six classes of adolescents from intermediate schools in the Park Slope area.

Casework: Casework includes services to individuals, families or groups based on assessed need at intake. These services may range from supportive counseling to assistance with budgeting; they are delivered by social workers or family workers.

Individual Therapy: This ranges from persons seen two times a week for in-depth counseling to children seen once per week for play therapy. All Mini School children are seen once per week by a social worker for diagnostic and supportive services.

Groups: There are several types of groups at the center ranging from psychodynamically focused to latency age play groups with socialization as the aim and adolescent groups with a combination psychodynamic/socialization focus.

Advocacy: Extensive advocacy is done on behalf of clients by all workers. There is also a Family Reception Center worker who is stationed in the court system and provides on-site crisis intervention and referrals to the agency.

Psychiatric and Psychological Evaluation: Psychiatric and psychological evaluations are provided on a consultant basis.

In addition the agency provides services to the community in the areas of recreation, concrete/supportive activities which they view as preventive. Some of these services are:

A Thrift Shop: The shop makes available, at a low cost, clothing to families who are in need. The shop is run by parents and/or women in the community supervised by the Family Reception staff.

A Dance Theater Workshop: The Dance Theater is open to any child in the community. It is staffed by professionals who volunteer their time.

A Parents Night: This activity is held once per week. The aim is described as an opportunity for parents to have time to themselves while having a variety of workshops and activities available to them.

A High School Equivalency Class: This class is given every Monday evening, 7 PM to 9 PM, by Board of Education certified teachers who volunteer time.

Staff:

Direct service staff include.

1 Project Director (MSW; part-time)
1 Administrative Supervisor
3 Supervisors (2 are bilingual)
2 Senior Case Workers (MSW)
6 Case Workers (MSW) (2 are bilingual)
1 Case Worker Educational Advocate (MSW)
1 Case Aide (BA)
2 Family Workers (H.S. diploma) (both are bilingual)
1 Court Liaison (part-time)
1 Administrative Secretary - (does some information & referral)

Program Size:

The program contracted with SSC to serve up to 500 families in FY'80. They have a capacity to service 475 families at any given time.

Funding:

The contract with SSC for FY'80 is in the amount of $416,782; the program is funded with Title XX monies.

Program Name and Location: Fort Greene Community Services
430 Myrtle Avenue
Brooklyn, NY 11205

Contact Person: Bernard Gold
624-2100

Dates of Site Visits: September 26 and 27, 1979

Background:

This program is sponsored by Angel Guardian Home. AGH started a field office in Fort Greene in 1971 staffed on a rotating, basis by personnel from other AGH offices. A permanent staff was hired in 1973 with private contributions and money from the United Fund. In 1974, the program contracted with SSC as one of the original 911 programs. After a fire destroyed the building, the program operated out of the AGH offices in Bay Ridge from November 1977 to May 1978. At that time, the program moved to its current location.

Goals and Objectives:

The primary goal of this program is to be an accessible resource to any family in the area, or known to the agency, who is experiencing problems leading to family disintegration.

Objectives include:

- to help families exist as intact, self-sufficient, well-functioning units;
- to provide intensive counseling and advocacy services to promote intact, well-functioning families;
- to expedite the discharge of children from foster care to their families; and
- to coordinate a community service network.

Target Population:

The family is identified as the client. Most are minority women and their children, receiving public assistance. The women became mothers at an early age, and have problems coping with everyday problems, which leads to abdicating responsibilities. The program serves Community Districts 1,2,3,4, in Brooklyn and will accept cases from other areas if no other service is available. Most clients, 70%, come from the Fort Greene area. Referrals are made primarily by the sponsoring agency, schools, SSC, and other child welfare agencies. A large number of self-referrals require only short-term or one-time services.

Method/Services:

The program is located in a Citibank building in Fort Greene. It is open Mondays to Fridays from 9AM to 5 PM. There is a 24-hour hotline into the sponsoring agency.

Casework: Casework is the core service. This includes counseling, information and referral and home management suggestions on a weekly basis, usually in the home. Casework also includes case advocacy in the form of monitoring and follow-up phone calls. Caseworkers also coordinate services being delivered by other agencies, and set priorities (this program devotes considerable time to families with a child or children already in placement.)

Groups: A formal parenting group has recently begun with outside assistance.

Homemakers: The program purchases homemaker services for clients when necessary.

Emergency Services: The program will respond immediately in emergency situations to provide concrete services and emotional support. There is a 24-hour hotline into the sponsoring agency.

Information and Referral: Information and referral is a primary service. Careful screening of clients and appropriate referrals is considered to be an important part of the program.

Staff:
Direct service staff include:

- 1 Director (MSW and 3 years supervisory experience)
- 1 Supervisor (MSW and 2 years experience)
- 1 Caseworker (MSW)
- 4 Case Aides (BA or BSW)

Program Size:

The program contracted with SSC to serve up to 80 families for FY'80. The number of families which can be served at any given time is 55.

Funding:

The SSC contract amount for FY'80 is $138,546; funding is by Title XX.

Program Name and Location: GLIE Delinquency - Pre-Delinquency
Prevention Program
2021 Grand Concourse
Bronx, NY 10453

Contact Person: Andrei O. Hoover
299-1980

Date of Site Visit: October 4, 1979

Background:

This preventive program, which began operation in March, 1978 with funding througn SSC, is sponsored by GLIE Community Youth Program, Inc.

Goals and Objectives:

The ultimate goal of GLIE's Delinquency - Pre-Delinquency Prevention Program is to preserve if at all possible, the family unit and thereby eliminate the need for foster care. It also aims at providing adequate job development training to help adolescents prepare for eventual independent living.

Specific program objectives include:

- to provide accessible, early intervention in family crises situations via intensive family, group and individual counseling;
- to ensure adequate family planning services for adolescents who are young parents;
- to provide an adolescent program with emphasis on self-help projects, career education, and meaningful work experiences; and
- to recruit employers committed to assisting youth.

Target Population:

GLIE Preventive Service Program serves boys and girls betwen the ages of 12 and 18 years old and their families who live in the Morrisania and Tremont sections of the Bronx. More than half of the adolescents come from poverty families, and over 40% from single parent households. The ethnic composition of the area is approximately 48% Hispanic, 42% Black, and 10% other. Common problems are truancy, involvement with the law, drug experimentation and poor housing.

Major referral sources are the courts, sponsoring agency, other clients, schools and self.

Method/Services:

GLIE's preventive program, which is housed in the same office building as its sponsoring agency, is community based. The program's hours are 9 AM - 9 PM weekdays, except Fridays the hours are 9 AM - 5 PM.

Casework: Individual and family casework encompasses counseling, assistance in problem solving, supportive advocacy, case management, information and referral and family planning. Direct financial assistance is occasionally provided. These services are provided by the program's counselors.

Advocacy: Although part of the casework process, advocacy is a primary service offered to clients in the areas of education, welfare, housing, medicine and court, workers give advice and information as well as intervening on behalf of the client.

Educational Services: In conjunction with GLIE's education department, tutoring, remediation and educational assessments are provided to adolescents in the preventive program. Vocational testing, counseling and placement are important components of the preventive service program.

Groups: Both task oriented and therapy groups are available for adolescents and their families. Groups usually have achievable goals. Subjects covered include substance abuse and parenting techniques.

Recreation: Leisure time activities, sporting events, outings to community activities encompass the recreational activities.

Crisis Intervention: First contacts with a majority of the clients requires crisis intervention; the immediate help for a pressing emotional, physical or environmental problem.

Crash Pad: A 24-hour "Crash Pad," for which the official maximum length stay is 72 hours, is run by the sponsoring agency and readily available to clients of the preventive service program.

Staff:

Direct service staff include:

1 Full-time Director (MSW)
1 Assistant Director (B.A.)
1 Job Developer/Recreation Developer (B.A.)
2 Crisis Intervention Counselors (B.A.)
2 Youth Direction Counselors (B.A.)
1 Advocacy Counselor (B.A.)

Program Size:

During FY'79, GLIE Preventive Service Program served 291 families.

Funding:

GLIE's Prevention Project is funded through two sources for FY'80; SSC and the State Division for Youth. The total contract with SSC is in the amount of $71,384; the funding for the SSC contract is on a match grant basis, with city monies meeting the 50% state match.

Program Name and Location: Infants Home of Brooklyn Day Treatment Center (IHB)
1358 56th Street
Brooklyn, NY 11219

Contact Person: Elma Denham
851-8000

Dates of Site Visits: September 7 & November 15, 1979

Background:

The Jewish Board of Family & Children's Services assumed sponsorhip of IHB Day Treatment Services in 1974. Over the next two years, the program was refined and expanded to include a residential component. The SSC contract, which began in July 1979, covers the services offered to approximately 17 of the children in the Day Treatment Program, the other day treatment children are funded by Medicare.

Goals and Objectives:

The ultimate goal of IHB Day Treatment program is to provide the necessary services for children in the community thus avoiding residential placement or hospitalization. The program also strives to strengthen family life and prevent any further family deterioration which could affect the other children in the family who are also considered "at risk."

Program objectives include:

- to intervene in the serious pathology which exists in these children and their families;
- to improve the social and emotional functioning of the children;
- to provide for the educational needs of the child; and
- to help the family understand and constructively manage a child's behavior.

Target Population:

This program serves children, from Brooklyn, between the ages of 5 and 12 who are emotionally handicapped. They are severely disturbed, many having disabilities such as mild autism, functional retardation, minimal brain damage and personality or emotional disorders. They come from diverse ethnical and cultural backgrounds, but all suffer family problems and are for the most part depressed. These children are usually of average or above average intelligence.

Referrals come from hospitals, schools, mental health clinics, and the Committees on the Handicapped. All placements must be authorized by the appropriate Committee on the Handicapped.

Method/Services:

IHB is located in the Borough Park section of Brooklyn. The preventive service program is housed in a building with the residence and classrooms. The program hours are 9 AM-5 PM weekdays, although the children leave school at 3 P.M. IHB Day Treatment Program is organized to create a Therapeutic Milieu in which children and their families receive a combination of services. The IHB Day Treatment Program consists of six special education classes, sponsored and supervised by the Board of Education and clinical services, which are provided by IHB preventive service staff. Children from the on-site residence are also enrolled in the school and the same staff serves all children. Although the program is organized around the school year, a special summer program is available

Casework: Casework services, provided by MSW social workers to both individuals and families, consist of counseling, case management, educational advocacy, information and referral, direct financial assistance, and any other generic social work services which may be required.

Crisis Intervention: Staff is trained and available to handle emergency situations; these situations most often occur in the school setting. Top administrative and supervisory staff are on call for emergencies 24 hours a day.

Therapy: Individual psychotherapy and family therapy, conducted on a weekly or bi-weekly basis by MSW social workers or Ph.D. psychologist, are the primary treatment services offered by IHB Preventive Services. The therapy focuses on the psychological process of growth and aims at developing strengths that may be used in psychological healing. In addition to the clinical intervention, individual, group therapy, art therapy, speech therapy and music therapy are all provided, as needed. Communication skills are stressed.

Groups: Groups for both parents and children are offered on a regular basis as part of the therapeutic process; included are couples groups, and mother groups. Occasionally task groups are organized around projects such as the building of the playground which motivated the children, their parents, staff and Board members to work together.

Educational Services: Educational services, provided and supervised by the Board of Education, are coordinated with the clinic and supportive services provided by IHB staff. These classes which are in session from 9 AM to 3 PM each day, have no more than eight children per class. Teachers are trained in special education, and the Board also provides rotating paraprofessionals. School bus transportation is also provided by the Board of Education.

Meals: Lunch and snacks are provided daily to every child. Food preparation is kosher.

Staff:

The staff divides its time among the children in the residence, those funded by Medicare and those funded by SSC.

All of the staff listed below are assigned part time to the preventive services program:

1 Director (MSW)
2 Psychiatrists (M.D., licensed)
1 Psychologist (PH.D.)
1 Licensed Practical Nurse (L.P.N.)
1 Casework Supervisor (MSW)
3 Caseworkers (MSW)

Program Size:

The IHB contract with SSC for FY'80 states that up to forty children will be served on an annual basis with an average of seventeen families receiving services at a given time.

Funding:

The SSC contract with IHB Day Treatment Center for FY'80 is in the amount of $100,000; funding is by Title XX.

Program Name and Location: Intensive Services to Families (ISF)
6 East 94th Street
New York, NY 10028

Contact Person: Henry Blumfarb
369-0300

Date of Site Visit: October 2, 1979

Background:

In February 1973, Spence-Chapin Services to Families and Children opened, as an alternative to foster care, the Intensive Services to Families Unit. The program's funding came entirely from Spence-Chapin's endowment. Contracting with SSC began in February 1978, at which time ISF became a Department of the Spence-Chapin Agency.

Goals and Objectives:

ISF's ultimate goal is to prevent family breakdown and consequent foster care placement. Emphasis is placed on raising the level of family functioning by providing concrete and supportive services to prevent the onset of crisis and family deterioration. Objectives are:

- to provide time-oriented and task-oriented crisis intervention and long-term counseling to parents overwhelmed by the stress and strain of problems;
- to teach parenting and household management skills;
- to attempt to reduce the incidents of abuse and neglect in the families served; and
- to alleviate presenting problems in crisis situations and to help clients return to previous functioning levels.

Target Population:

The population served by ISF is limited to families with at least one child under 18 years of age residing in the boroughs of the Bronx and Manhattan. Most of the families served are receiving public assistance, are poorly educated, isolated and have extreme difficulty functioning within both their family and community environments. In 1977, the client population was 35% Black, 35% Hispanic, and 30% White. The focus of ISF's services is usually the adult who tend to be young, single parents. Their problems are varied and usually relate to insufficient income, inadequate housing, crime, unemployment, alcoholism, single parenthood, neglected or abused children, or parent-child conflicts.

There are several sources of referrals, primarily hospitals, other social service agencies, clients and self-referrals.

Method/Services:

ISF offices are located in the Spence-Chapin townhouse on Manhattan's Upper East Side. Hours are from 9 AM to 5 PM weekdays and there is at 24-hour, 7-day a week answering service for emergencies.

Casework: The primary service offered by ISF is intensive, generic casework which focuses on the presenting problem and the worker-client contract. It comprises ego supportive counseling, advocacy, parenting and home management training, and information and referral. Services from other agencies are coordinated and monitored as a part of case management. Casework services are delivered by caseworkers and case aides. Casewokers do make home visits.

Advocacy: Although part of the casework process, advocacy is a significant service provided by ISF. Case advocacy consists of finding services and negotiating bureaucratic systems such as welfare, health, education, day care, with the aims of acquiring the service and teaching the clients how to assert their rights.

Crisis Intervention: Crisis intervention may be concrete or supportive services.

Direct Financial Assistance: The ISF budget for FY'80 allocates $12,000 for direct financial aid; it is generally used in cases of extreme emergency, for food, clothing, shelter or needed services such as evaluations or day care.

Therapy: Long-term in-depth individual and family therapy is offered to approximately 10% of the clients. It is conducted by the professional staff.

Staff:

Direct service staff include:

1 Program Director (MSW)
1 Supervisor (MSW)
1 Caseworker (MSW)
2 Paraprofessionals

Program Size:

The SSC contract for FY'80 states that ISF will serve up to 156 families; approximately 35 to 40 families can be served at a given time.

Funding:

The SSC contract for FY'80 is in the amount of $185,252.00. The program is funded on a match grant basis, private monies are used to meet the 50% state match.

Program Name and Location: Joint Planning Service
Preventive Services Project (JPS)
345 Madison Avenue
New York, NY 10017

Contact Person: Marilyn Raab
490-9160

Date of Site Visit: October 18, 1979

Background:

The Joint Planning Service Preventive Services Project is sponsored by the Jewish Board of Family and Children Services and the Jewish Child Care Association of New York. This program was one of the original 911 demonstration projects that first contracted with SSC in 1974.

Goals and Objectives:

The primary goals of this program are to prevent foster care placement of children who are experiencing difficulty in their home, school or the community because of environmental and/or behavioral problems, and to facilitate the return of children in foster care to their families and to prevent their re-placement. Specific objectives include:

- to support and enhance parental functioning;
- to supplement the child caring capabilities of the family;
- to ensure and/or promote the adequate development of children "at risk" in their homes; and
- to develop and strengthen the family's connection with resources and institutions in the community.

Target Population:

Although the program is located in midtown Manhattan, it serves low-income and public assistance families with children under 18, from all boroughs except Staten Island. Most are single parent families with a combination of emotional, social and environmental problems and needs. The ethnic mix of the population is estimated to be about half Black and half White.

The problems encountered most frequently by this population are behavioral and learning problems of children, poor housing, poor parental skills and the deprivation and lack of social supports attendant on poverty. Referrals to the preventive project come mainly from various divisions of the two sponsoring agencies, other community agencies, day care centers and hospitals.

Method/Services:

The Preventive Services Project is housed in the offices of one of the sponsoring agencies which is located in the Grand Central area of Manhattan. The hours are Mondays through Fridays 9 AM to 5 PM. There are also regular evening hours. The program has a mental health approach, with the focus of services on the family. Concrete services are, however, seen as basic and essential on an ongoing basis.

Casework/Therapy: This is the core service. Clinical staff work with families on a regular basis in an attempt to improve family functioning and alleviate stress causing factors. A variety of approaches are utilized including individual and family modalities. Supportive counseling around resolution of concrete prob, case management and case advocacy are also included under the rubric of casework.

Groups: These groups, which meet once per week, are designed to provide support and promote better ego functioning and interpersonal relations through discussion of problem areas.

Emergency Services/Crisis Intervention: Workers are prepared to be flexible and respond quickly to client's needs. Common emergency services provided include provision of money for a variety of needs, advocacy with welfare, homemaker services and visits to homes and schools. Workers can be reached by phone through 24-hour answering service.

Psychiatric/Psychological Evaluations: These services are provided on a consultant basis.

Home Maker Services: Homemaker services are purchased on an as needed basis.

Remedial Education: This involves mainly after school tutoring. It is purchased on an as needed basis.

Staff:

Direct service staff include:

1 Project Director (MSW)
5 Case Workers (MSW) (2 part-time)
1 Psychiatrist (part-time)
1 Consulting Psychologist

Program Size:

The program contracted with SSC in FY'80 to service up to 75 families annually and 50 families at any given time.

Funding:

The SSC contract for FY'80 is in the amount of $137,700; it is funded by Title XX.

Program Name and Location:	Learning for Living Center 154 West 122nd Street New York, NY 10027
Contact Person:	Lorraine Hale 865-1646
Date of Site Visit:	October 17, 1979

Background:

This program is sponsored by the Hale House Center for Promotion of Human Potential. The preventive program opened in March 1978; contracting with SSC began July, 1978.

Goals and Objectives:

The primary goal of the center is to provide day services to emotionally and/or physically handicapped children in order to avoid placement. Specific objectives include:

- to provide a small group setting for the special child;
- to identify and diagnose aberrant behavior and design an appropriate therapeutic technique;
- to relieve parents' feelings of being overburdened, guilty, or frustrated; and
- to teach parents how to adequately utilize the therapeutic technique.

Target Population:

The program serves the larger Harlem area. The children, mostly from 8 months to 3 years old, are from poor, Black and Hispanic families. The primary sources of referrals are local hospitals and other social service agencies.

Method/Services:

The program is community-based. Its hours of operation are Mondays through Thursdays 7:30 AM to 6 PM; Fridays, 7:30 to 2 PM.

Educational/Recreation Services: The core activity is day care services including educational and recreational activities. There is emphasis on a therapeutic technique, utilizing the "motor module," which is an individualized instructional program that emphasizes motor skills. The services of a nurse, speech therapist, psychologist, and psychiatrist are available.

Casework: Casework is the responsibility of the social worker. Home visits are made by the nurse. Parents are asked to come in for weekly counseling and to receive explanations of their childrens' therapeutic techniques. This is augmented by home visits.

Staff:

Direct service staff include:

- 1 Executive Director (Ph.D. in developmental psychology or equivalent; part-time)
- 1 Nurse (R.N. and 1 year community experience)
- 1 Social Worker (MSW and 1 year experience)
- 1 Educational Coordinator (BA., N.Y.S. license in early childhood course work and/or worked with special education)
- 3 Teachers
- 5 Assistant Teachers (A.A. or equivalent)

Program Size:

The program contracted with SSC to serve up to 100 families in FY 80. The number of families which can be served at any given time is 60.

Funding:

The SSC contract amount for FY 1980 is $272,000; funding is on a match basis, with a combination of private and city money meeting the 50% state match.

Program Name and Location: Louise Wise Preventive Program
12 East 94th Street
New York, NY 10028

Contact Person: Frances Eisenberg
876-3050

Date of Site Visit: September 27, 1979

Background:

The Louise Wise Preventive Program began operation in 1974, as one of the original 911 demonstration programs. It is sponsored by Louise Wise Services. Contracting with SSC also began in 1974.

Goals and Objectives:

The primary goal of this program is to prevent or shorten foster care placement by helping families to function more adequately. An equally important goal is to stabilize a child's future by assisting families in making permanent plans for their children, be it in the community, through foster care and adoption or returning a child home from foster care.

The program, by providing direct and indirect services to parents hopes to:

- prevent child abuse and neglect;
- prevent unwanted pregnancies; and
- provide the necessary community resources to restore and strengthen family functioning.

Target Population:

This city-wide program serves families who have at least one child under 18 years of age. The focus of the program's treatment is the parent and there must be at least one adult in the family with whom to work. Those served by this program tend to be single-parent families who are isolated and depressed. They are predominantly Black and Puerto Rican and receive public assistance. The parents who are barraged by environmental problems are often disorganized, overwhelmed and suffer psychiatric disorders. They find management of daily life difficult and have difficulties in their parent-child relationships. Primary sources of referrals are SSC and the sponsoring agency.

Method/Services:

This program is housed in the building owned by its sponsoring agency located on Manhattan's Upper East Side. It serves all five boroughs, with most cases coming from the Bronx or Manhattan. Much of the program's work is done in the field because the families reside far away from the office. The program's hours are 9 AM to 5 PM weekdays.

Casework: Traditional, psychoanalytically oriented casework is the primary service. Its aim is to help individuals and families overcome obstacles, and organize their experiences in such a way as to strengthen their egos. Under the aegis of casework fall other services ranging from concrete to therapeutic--such as individual and family therapy, parenting training, family planning, information and referral. Casework is conducted by MSW social workers.

Advocacy: Although a part of casework, advocacy, helping clients negotiate the various bureaucratic systems, is a primary service rendered to clients.

Crisis Intervention: Direct, immediate assistance in crisis situations is available as needed. Included is financial assistance for food, rent, homemaking, camp, medical services.

Staff:

The direct service staff include:

1 Social Work Supervisor (MSW)
4 Caseworkers (MSW)

Program Size:

Louise Wise Preventive Services has contracted with SSC to serve up to 65 families in FY 80; the average number of families served at a given time is 41.

Funding Sources:

For FY 80, the SSC contract amount is $159,274; funding is by Title XX.

Program Name and Location: Lower East Side Family Union (LESFU)
91 Canal Street
New York, NY 10002

Team Sites:
57 Rivington St., NYC 10002 - 673-8000
551 Grand St., NYC 10002 - 677-8544
228 East 2 St., NYC 10009 - 533-5660

Contact Person: Al Herbert
925-0728

Dates of Site Visits: September 11 & 12, 1979

Background:

In 1972 a group of providers concerned about the growing number of children going into foster care established the Lower East Side Family Union. With the help of a planning grant from the Foundation for Child Development, these agencies developed the LESFU networking concept which was designed to stop the fragmentation of services and provide a community alternative for the child at risk. The initial development and implementation of the LESFU model was funded by a consortium of foundations and the first LESFU team began operating in March 1974. Public monies, including funding through SSC, began supporting LESFU in May of 1975.

Goals and Objectives:

The primary goal of LESFU is to strengthen families and reduce the frequency with which children of these families are placed in foster care. The agency endeavors to help families under stress recognize their problems and then to mobilize the efforts of diverse agencies to remedy those problems.

LESFU's objectives include:

- to reunite children in foster care with their natural families:
- to link, coordinate and monitor the services of diverse community agencies on behalf of families:
- to fully involve families served by LESFU in all phases of the helping process:
- to make the community more responsive to clients' needs: and
- to develop self-help groups to resolve community level problems which affect family functioning.

Target Population:

LESFU serves Chinese, Hispanic and English speaking families with strongly defined cultural roots, who live in Manhattan's Lower East Side. The Catchment area comprises Community Planning District #3. The program is designed to serve low income, disorganized, multi-problem families who are vulnerable to family break up. To receive service, the family must have at least one child under 18 years old and be suffering emotional or environmental stress. Common presenting problems include those related to child rearing, school, child abuse and neglect, juvenile delinquency, substandardized housing, alcoholism, and unemployment.

The primary source of referrals is other agencies; other sources include SSC and self-referrals.

Method/Services:

LESFU is a community-based program, which is headquartered on Canal Street and has three branch locations in different ethnic sections of its catchment area. The program does not offer treatment services; rather it coordinates and monitors the services of other agencies. Regular program hours are weekdays from 9 AM-5 PM and evenings as needed.

LESFU staff is organized into four teams of bilingual workers. Each team works out of one site and tends to work with one primary ethnic group. Three of these teams are "Family Service Units" composed of a professionally trained team leader, five social-work associates, six homemakers and a clerk typist. The social work associates coordinate the services to the families while the homemakers are responsible for relieving immediate physical demands on families by babysitting, instructing parents in housekeeping skills or accompanying clients to service agencies.

The fourth team, with a somewhat different staff composition, concentrates on community organization and development and finds ways to augment neighborhood cohesion and inter-agency cooperation. The catchment area for this team is a two square block area.

Casework/Case Management: Case management, the process of assessing a family situation, establishing plans for alleviating the problems, linking the family up with the appropriate community resources and monitoring delivery is the primary service offered by LESFU. Case management is the responsibility of the social work associate and requires the active participation of the client.

As part of the process, three contracts are drawn up and signed by both client and worker: a "Work Agreement;" a "Goal Attainment Scale" specifying the best and worst possible outcomes of particular situations and indicates plans; and a "Family Service Contract" which delineates the services to be provided.

Monitoring is the final step of the process. LESFU continues to work with the clients to insure they are receiving the services for which they contracted. New information is shared between client, worker and service agency and all parties periodically reconvene to review and update the contracts.

Advocacy: LESFU engages in both case and issue advocacy. In addition to teaching families how to negotiate various systems, LESFU has taken positions on various community issues.

Outreach: Outreach is a fundamental component of the LESFU model which requires workers to establish referral linkages with various community agencies. Public speaking and door-to-door canvassing are other methods of outreach used by the program.

Crisis Intervention: Crisis intervention consists of taking immediate steps to ameliorate problems of crises proportions, including homemaker services, financial aid, counseling or advocacy.

Groups: Groups are organized around issues and are task oriented.

Educational Services: The community organization has organized a tutorial program in which high school students tutor younger neighborhood residents.

Vocational Services: In a CETA subsidized program, the Community Organization team has developed a project which provides opportunities for job training, school help, and unsubsidized employment for neighborhood youth.

Homemaker Services: Community staff are trained to work with families, teaching them how to organize household, plan expenditures, care for children and negotiate with governmental systems. Homemakers also serve as translators and escorts. Their schedules are coordinated by social work associates.

Community Involvement: One of LESFU's areas of concentration is community development, the most evident work being that of Team IV. However, the entire program is extensively involved in the community as evidenced by networking, site location and use of community residents for staff.

Information and Referral: Information and referral is a primary service offered through case management. By coordinating the efforts of diverse community agencies, LESFU hopes to avoid duplication of effort.

Staff:

Direct service staff include:

- 1 Executive Director (MSW)
- 4 Team Leaders (MSW)
- 19 Social Work Associates (BSW or three years experience)
- 15 Homemakers (three years experience)

Program Size:

According to SSC's FY'80 contract with LESFU, the agency plans to serve approximately 400 families, with about 240 families being served at any given time.

Funding:

SSC's contract for FY'80 is in the amount of $578,160; the program is funded on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location: Neighborhood Youth Diversion Program (NYD)
1910 Arthur Avenue
Bronx, NY 10457

Contact Person: Warren Williams
731-8905

Date of Site Visit: October 30, 1979

Background:

Neighborhood Youth Diversion Program began receiving L.E.A.A. funds in 1972. SSC contracting, using Title XX appropriations, began in 1976.

Goals and Objectives:

The goals of NYD are to divert juveniles from the family court system and keep them from returning to court by changing their activities and resolving their problems. The program, in working to prevent placement, also strives to involve community people in this process so that in the future the community will carry a greater responsibility for the prevention of delinquency and the stabilization of family life. The specific objectives are:

- to provide role models for both children and adults; and

- to use program resources to allow Bronx residents to resolve their problems within their own community.

Target Population:

NYD serves boys and girls between the ages of seven and seventeen who are in risk of becoming PINS or face delinquency adjudications. These children, living in the Bronx Community Districts 9, 10, and 12, are usually diverted to the program prior to their court appearance. Most clients have serious school problems and are often under-achievers. They have difficulty relating to their parents, and they are handicapped by their environment. Their families have no economic resources, and most are from single parent households. Over 35% of the families served in FY 79 were Spanish speaking and 60% were Black. NYD believes the children's greatest assets are their youth and resilience. The primary source of referral is the Bronx Family Court.

Method/Services:

The program is located in an office building in the Tremont Section of the Bronx. The program is open weekdays from 9 A.M. - 7 P.M. A NYD court liaison worker is stationed in the Bronx Family Court where clients are interviewed and then referred to the program for services.

Casework: Casework services focus mostly on the child and consist of rap sessions, individual tutoring, advocacy, and extensive outreach including home and school visits. All services are aimed at raising the youth's level of functioning. Educational needs and issues are given top priority by the program advocates responsible for case management.

Advocacy and Information and Referral: These services, provided for both the child and the family, are an important and demanding aspect of casework. A part-time consultant attorney represents clients and trains staff in educational and legal advocacy.

Forums: Family mediation sessions, called Forums, are scheduled for every PINS child in the program. Forums are led by Forum Associates and attended by three mediators who are trained community residents and staff member who have themselves experienced similar familial conflicts. The purpose of the Forum is to offer an extra-judicial settlement of family conflict often in the form of short-term contractual agreements.

Recreation: During the summer an active program stressing socialization games, trips and other activities is offered daily. In winter months it is offered more infrequently and includes dance classes and tutoring.

Staff:

Direct service staff include:

1 Director (B.A., M.A. or 3 years experience)
1 Assistant Director (B.A. or comparable experience)
1 Administrative Supervisor (1 year college and 3 years experience)
1 Intake Manager (1 year college and 3 years experience)
1 Forum Associate (H.S. diploma and 2 years experience)
1 Recreation Director (H.S. diploma and 2 years experience)
1 Referral Liaison (Court worker; 1 year college and 2 years experience)
10 Advocates (H.S. diploma and 2 years experience)
30 Part-time Volunteers

Program Size:

For FY'80, Neighborhood Youth Diversion contracted with SSC to serve up to 450 families and can serve 195 families at any given time.

Funding:

NYD's contract with SSC for FY'80 is in the amount of $423,207; the program is totally funded by Title XX.

Program Name and Location: North Bronx Family Service Center
2190 University Avenue
Bronx, NY 10453

Contact Person: Jim Marley
365-1400

Date of Site Visit: October 3, 1979

Background:

The program is sponsored by Pius XII Youth and Family Services. It began operation in August of 1976 with federal Law Enforcement Assistance Administration funds made available through the Criminal Justice Coordinating Council, and with private funding. Contracting with SSC began on September 30, 1979.

Goals and Objectives:

The programs goals are to provide a center of integrated, coordinated services in counseling, education and recreation for families "at risk" that will support healthy functioning, and curtail the weakening of family and community ties. Specific objectives include:

- to counsel 250 families a year;
- to tutor or teach 160 persons a year;
- to provide recreation services for 400;
- to employ at least 50 of the young people who use the center in the summer;
- to identify and coordinate existing and needed community services;
- to encourage the involvement of local residents as volunteers; and
- to divert at least 250 youngsters from the traditional child welfare/juvenile justice systems.

Target Population:

The program serves children ages 7-17, and their families living in the Central West Bronx. The majority of the program's staff is bilingual in response to the population of the catchment area, which is 55% Hispanic and 40% Black. Most of the families are in the lower socioeconomic bracket or on public assistance. The commonly identified areas of need for this client group are education, employment, counseling around behavioral and emotional needs of children and information on nutrition and other health-related issues. Persons are referred here mainly from schools, courts, police and other social service agencies.

Method/Services:

The center is located in a large private house in the University Heights/Fordham community. Its hours are Mondays to Fridays, 9 AM to 9 PM, and Saturdays, 9 AM to 5 PM. Its philosophy of service emphasizes easy access to professional, well coordinated service.

Education: This service component includes tutoring, high school equivalency, basic eduation and English as a second language classes.

Recreation: This component includes varied craft workshops, dance and drama, track, basketball, and volley ball.

Counseling: This department offers a full range of individual, family and group modalities.

All areas are supervised by professionals from appropriate disciplines. The center also makes extensive use of volunteers and work-study students in the education and recreation programs. They have also been able to develop strong community liaisons which have given them access to many facilities such as the Fordham University gymnasium, a large two-story building belonging to Bronx Community College, and use of a local church basement and organ.

Staff:

Direct service staff include:

1 Program Director (MSW)
1 Director of Counseling (MSW)
Consulting Psychologist (Ph.D.)
1 Coordinator of Education (MA)
1 Coordinator of Recreation (MA)
4 Family Worker (BSW or BA)
5 Teachers (BA plus license; each teacher is available approximately 6 hours per week)
Volunteers

Program Size:

In FY 80, the program contracted with SSC to service up to 330 families; approximately 150 families can be served at any given time.

Funding:

The SSC contract for FY 80 is in the amount of $169,668; funding is provided by Title XX.

Program Name and Location:	Placement Prevention for Juveniles on Probation 116 West 14th Street New York, NY 10011
Contact Person:	Natalia Ritter 924-6320
Dates of Site Visits:	October 3 and 4, 1979

Background:

The Placement Prevention program is sponsored by the Puerto Rican Family Institute. It began in 1975 as a court diversion program funded by C.J.C.C. Contracting with SSC began in October, 1978.

Goals and Objectives:

The goals of the program are to prevent the placement of court-related juveniles (on delinquency and/or PINS petitions) who are being explored for placement by the court and to prevent delinquency behavior in the high-risk siblings of the above youths.

The program works to:

- reduce the rate of recidivism;
- reduce the percentage of school drop-outs and increase regular school attendance;
- develop job placements and thereby expose youngsters to the world of work;
- enable parents to cope with day-to-day problems;
- improve human relations, communications skills and encourage positive social interaction; and
- develop leadership potential and teach youths organizational skills.

Target Population:

The program serves Puerto Rican and other Hispanic youths and their families. The youths are on either delinquency or PINS petitions. Delinquent offenses range from graffiti writing to robbery and PINS offenses from truancy to unmanageability at home. Most youngsters become involved in the program as an alternative to court-ordered placements in foster care or correctional facilities.

Youngsters served are 13-18 years of age, and come primarily from Spanish-speaking, single-parent (most often the mother) households, maintained through Public Assistance. The usual presenting problems are education, health, economic and housing related.

The primary sources of referrals are the courts and Legal Aid.

Method/Services:

The program uses a team approach. Casework services are delivered by MSW staff (with varying degree of input from the consultant Psychiatrist and Psychologist) and the supportive (concrete) services staff who are college graduates with social work experience. Case decisions are made by a team consisting of the social worker, relevant supportive staff and supervisors.

The program is open regular business hours on weekdays from 9 AM to 5 PM.

Casework: These services are characterized by intensive outreach using a variety of engagement and treatment techniques which include individual, group and family therapy, behavior modification and advocacy and crisis intervention which supplement supportive staff activity.

Supportive Services: These include case advocacy, crisis intervention, health, housing, home management, educational and vocational services.

Groups: The program offers a number of task-oriented groups such as parenting training. In addition, the program runs a series of activities called "clubs" including cooking, dance, sewing and a Teen Council. While these are meant to be therapeutic, the designation of "clubs" is preferred as a less threatening label than "group therapy." These clubs can be supervised by either MSW or supportive staff or in combination.

Testing and Evaluation: Each client is tested and psychiatrically evaluated by staff clinicians.

Staff:

Direct service staff consists of:

1 Program Director (MSW)
1 Supervisor (MSW)
2 Caseworkers (MSW)
1 Education Coordinator (B.S. in Education, plus experience)
1 Tutor Coordinator (B.S. in Education, plus experience)
1 Home Aide (H.S. diploma, plus experience)

1 Health Aide (B.S. plus experience)
1 Housing Aide (B.S. plus experience)
1 Psychiatrist (M.D., plus experience in child psychiatry; part-time)
1 Psychologist (M.D., plus experience; part-time)

Program Size:

The program has contracted with SSC to serve up to 60 families in FY'80 and can serve up to 60 families at any given time.

Funding:

For FY'80, the SSC contract amount is $185,000; funding is on a match grant basis with city monies meeting the 50% state match.

Program Name and Location: Preventive Care Program
4423 16th Avenue
Brooklyn NY 11204

Contact Person: Neal Levy
851-6300

Date of Site Visit: October 11, 1979

Background:

The preventive program began operating in April of 1978 as an additional department of Ohel Children's Home. Contracting with SSC also began on that date.

Goals and Objectives:

The primary goal of the program is to help prevent family disintegration and alleviate severe problems which would often lead to abuse, neglect, and serious emotional and behavioral disorders, and ultimately the need for placement. Specific objectives include:

- to offer counseling to families in crisis;
- to offer alternatives to placement;
- to serve as a source of referral/information for needy families;
- to reduce sources of family conflict and tension; and
- to serve as a coordinating agent for the various sources of services to families, through case management and advocacy.

Target Population:

This program serves Jewish families, particularly of Orthodox and Hassidic background, with childrren under 18 years residing in any of the five boroughs of New York. The common presenting problems include severely conflicted family relationships, developmental and academic difficulties and abuse and neglect of children.

Method/Services:

Although the program services people from all boroughs, it is located in the Boro Park area from which it draws most of its clients. The Project Director, in addition to carrying direct service cases,is the intake worker for the entire agency (Ohel Children's Home). He sees this as an asset in preventive services case finding. All direct preventive services are provided under the rubric of case-work, which is defined as assessing the clients' "life space" on a case-by-case basis then providing the appropriate services to meet the assessed needs.

Family Therapy: This involves looking at family system dynamics and communication patterns in order to understand the connection between family processes and presenting problems, and structuring the therapeutic intervention accordingly.

Individual/Family Counseling: This includes counseling services, advocacy, job counseling and supportive counseling to individuals and families.

Information and Referral: Because the preventive unit serves as the screening mechanism for the agency, they re-direct many persons to other agencies which they feel could more appropriately serve them. They also refer persons to different departments of their own agency. The program's business hours are: Monday and Wednesdays, 9 AM to 9 PM; Tuesdays and Thursdays 9 AM to 5 PM; Fridays and Sundays 9 AM to 3 PM.

Staff:

1 Project Director (CSW)
2 Caseworkers (1 MSW, 1 B.A.)
1 Student (MSW candidate)

Program Size:

The program contracted with SSC to serve up to 300 families in FY 80; the number of families which can be serviced at any given time is 75.

Funding:

The SSC contract amount for FY 80 is $68,944; funding is on a match grant basis with city monies meeting the 50% state match.

Program Name and Location: Project Basement
542 W. 153rd Street
New York, NY 10031

Contact Person: Kathleen McClade
862-3427

Date of Site Visit: October 24, 1979

Background:

The program is sponsored by New York Foundling Hospital. The program is community-based, serving lower Washington Heights. The program begun in 1972, developed a formal affiliation with New York Foundling Hospital in April 1974, and received funding through SSC in July 1976.

Initially, the founders of the program began "The Club", an after-school recreation program combined with certain educational and developmental strategies. The eventual aim was a street school which would incorporate the ideas and contributions of neighborhood residents. The staff recognized the need for an affiliation which would lend them credibility with the social system's fund-raising. New York Foundling Hospital setup a group home in the neighborhood in April 1974. Project Basement (named after its site by the neighborhood children) closed until August 1975. The group home, staffed with Project Basement workers, accepted only voluntary placements and helped meet the needs of children in the area who were living on the streets.

In August 1975, with a grant from the Hearst Foundation, "The Club," or the real Project Basement, reopened at the beginning of the new wave of preventive services. The program eventually took over an old church and expanded to include a special school for children with attendance and other school-related problems, a counseling component for the families of the children who attend the club, a summer program, and a number of regular group activities. The community-based group home and the prevention component remain integrated.

Goals and Objectives:

The primary goal is to prevent placement and enrich family life by providing alternatives and peer support networks.

- To provide reinforcement for people to learn to be successful through the mini-school, group activities, and summer employment program for example.
- To help children learn to accept responsibility.
- To maintain family stability through counseling and advocacy services.

- To increase parental involvement with youth through parent groups.
- To incorporate and maintain a neighborhood network as part of the decision-making process of the program.

Target Population:

The program only serves children and youth, aged 8-18, who voluntarily attend the recreational program. The area served is lower Washington Heights and this program is not accessible to children outside of this area. The children are Black and Dominican, coming generally from single-parent families with financial and housing problems. Until now, the program has served mostly boys, because the girls are generally not allowed out as often. There is a new group beginning to do outreach to girls. The program serves the families of the children in the club after staff has developed a relationship with the child and it is clear that there are family-related problems. Only self referrals are accepted.

Methods:

This program is community based. It is open 8 AM to 7 PM, Monday through Friday, and weekends. The Club, an after-school and weekend recreational program is the basic service. There are open-house hours as well as a schedule for specific activities and/or age groups. All referrals must come through The Club. Children must be willing to participate and more intensive services are only provided once the staff gets to know the child in this informal, non-threatening situation. While, in an emergency situation, a social worker will be assigned as soon as the child becomes known to the program, other children will never become involved beyond attending the club. The middle group will receive casework services or participate in weekly group activity after three months to a year at the Club. The Club provides a positive alternative to the street for neighborhood children, offering a wide variety of games and activities. In addition, it provides an environment for improved socialization skills and developing peer supports, both of which are serious needs of this population.

Casework: Casework is provided for those families who have been identified as high risk families by program staff or other community agencies (schools or other social service agencies.) This service includes traditional counseling, home visits, information and referral and case advocacy. The case advocacy may include writing or phoning appropriate contact people as well as accompanying clients to appointments.

Group Activities: Group activities are provided on a formal, regular basis. There are 12 groups, based on age or natural bonds. Each group meets weekly and has a budget of $25 per month and accesss to the program's van. They alternate activities with group discussion. The emphasis is on socialization and fostering peer support and strong relationships. Activities include, but are not limited to, trips, museum tours, movies and park visits.

There are also five parent groups. Two meet weekly to discuss specific problems and parenting strategies. The other three groups are mainly socialization groups to meet the common problems of depression and isolation.

Education: There is an alternative school program, housed at Project Basement, for 15 especially troubled children, grades 2-6. Community School District 6 provides one teacher and one aide and the program provides one teacher and one part-time aide. The two teachers have different educational philosophies, but essentially the program provides the individual attention and positive environment necessary to give these children a chance to succeed.

Community Development/Organization: There are regular community special events and pot luck dinners (example: the Agape festival in November.) There is also a summer program that provides outdoor activities--a play street--and a CETA program. The children who have CETA jobs do neighborhood improvement work as part of their training in different trades and skills. There is little need for outreach for referrals because the program is well-known to the neighborhood children who bring their friends. The program is now forming a formal community advisory board to help set policy.

Employment: The CETA program hires 30 teenagers in the summer and 5 during the school year.

Health: The program is a field placement site for the nurse practitioner program at Columbia Presbyterian Medical School.

Staff:

Direct service staff include:

1 Project Coordinator (M.A.)
1 Social work supervisor (also supervises group home) (MSW and 3 years experience)
2 Teachers (one from CSD 6) (BA)
2 Community aides (one full-time from CSD 6, one part-time)

2 Social Workers (MSW and bilingual)
1 Social Work Assistant (bilingual)
1 Recreation Counselor (H.S. diploma)
1 Secretary/Receptionist/Caseworker (H.S. diploma and bilingual)
plus CETA workers and nurse practitioners

Program Size:

The program contracted with SSC to serve up to 250 families for FY 80. The program can serve 125 families at any given time.

Funding:

The SSC contract amount for FY 1980 is in the amount of $171,620; funding is on a match grant basis with a combination of private and city monies meeting the the 50% state match.

Program Name and Location: Project Outreach
207 East 16th Street
New York, NY 10003

Contact Person: Janet Fisher
228-5230/31

Date of Site Visit: October 25, 1979

Background:

This program, sponsored by the Sisters of the Good Shepherd, began operation in September 1970. It originally served an all-female population and was funded by the Criminal Justice Coordinating Council (CJCC), as a court diversion project. It has since expanded its population to males as well; contracting with SSC began in 1972.

Goals and Objectives:

The primary goal of the program is to enable the public school system to serve seriously disturbed children who might be at risk of institutionalization. Specific objectives include:

- to provide academic remediation;
- to help children and families utilize available resources;
- to shorten residential placement;
- to provide support to youngsters' families;
- to avoid institutionalization; and
- to prepare youngsters to be functional, independent adults.

Target Population:

All boroughs except Staten Island are served by Project Outreach. The focus of the program is on youngsters 12 1/2 to 18 years old, who are considered at risk of institutionalization and/or school failure because of emotional, behavioral, familial or social problems. The general population mix is approximately 42% Black, 32% White, 17% Hispanic and the balance is Oriental. Clients are often referred by schools, courts, or court-related agencies, with a range of problems including substance abuse, truancy, school failure and conflict with authority. Generally, in order to be accepted into the program, youngsters must be functioning at/or above a third grade level and cannot be actively violent or be addicted to drugs. The primary sources of referrals are the courts and schools.

Method/Services:

The program is housed in a large church in the Gramercy Park section of Manhattan. It endeavors to create a therapeutic milieu which is a viable alternative for youngsters who cannot function in traditional school environments. The program's hours are Monday through Friday, 8 AM to 6:30 PM.

Therapy: This ranges from intensive psychoanalytically-oriented sessions provided one to three times per week to more supportive types of counseling provided once per week and on an as needed basis to youngsters and their families.

Casework: Casework entails intensive services to the client group by social workers. The major goal is to provide support and concrete services which will enable the youngsters to avail themselves of educational and vocational opportunities. Included in the services provided under the rubric of casework are vocational counseling, support counseling, and case advocacy.

Group: Group sessions include both activity and therapy groups. They are generally given once per week and are run by social workers.

Concrete services: These services are provided to youngsters and their families. This includes advocacy on behalf of clients to social service agencies, consumer groups, etc., and information and referral.

Psychiatric and Psychological: Psychiatric and Psychological evaluations are provided on a consultant basis.

The Educational Component: This component consists of an on-site alternative school staffed by Board of Education teachers.

All youngsters must be involved in both the clinical and educational areas of the program. Coordination of the many components of both areas is seen as critical to the effective delivery of services. This function is carried out by a Program Coordinator.

Staff:

Direct service staff include:

1 Project Director (MSW)
1 Program Coordinator (BA + experience)
3 Social Workers (MSW)
1 Consulting Clinical Psychologist (Ph.D.)
1 Consulting Psychiatrist (M.D.)

Program Size:

In FY'80, the program contracted with SSC to service up to 50 families with approximately 35-40 families being served at a given time.

Funding:

The amount of the SSC contract for FY'80 is $151,750; the program is funded by Title XX.

Program Name and Location: Project Prevention
342 Madison Avenue
New York, NY 10017

Contact Person: Nadia Shmigel
697-1420

Date of Site Visit: September 14, 1979

Background:

Project Prevention is sponsored by Talbot Perkins Children's Services, a voluntary foster care agency. The program began operation three years ago, in November 1976. The program has been under contract with SSC since that date.

Goals and Objectives:

The primary goal of the program is to prevent placement of children or limit the stay to 3-6 months through strengthening the family unit. Specific objectives include:

- to provide crisis intervention services available 24 hours in emergency situations;
- to provide intensive casework services to 35-45 families during any service week during the year;
- to provide play therapy to 10 children on a weekly basis;
- to provide intensive advocacy and negotiate Department of Social Services, housing and other community services;
- to provide outreach to Norman Thomas High School and IS 217 on Roosevelt Island and a storefront office in Park Slope area of Brooklyn;
- to provide individual therapy to approximately 20 clients.

Target Population:

Services are provided to children 0-18 years, and their families, residing in all boroughs except Staten Island. The ethnic mix of the population is 48% Blacks, 29% White, 20% Hispanic and 3% other. 77% of the families receiving services are single parent families with 46% of the service population on public assistance and 54% self-supporting. The commonly identified problems of this group are financial, poor housing, conflicts with the welfare department, and children acting out in school and in the community. Referrals come most frequently from schools, other departments of Talbot Perkins, self through the yellow pages and on recommendations of former clients.

Method/Services:

Project Prevention presently is housed in the offices of the sponsor which are located on the 17th floor of a large office building in the Grand Central area of Manhattan with easy access to all modes of public transportation. All direct services are provided by the social workers (MSW's). There is a mental health approach to services, so that the delivery of concrete services are viewed as a part of the therapeutic process. The program's hours are 9 A.M.-5 P.M. Mondays through Fridays; 24 hour emergency services are provided through the sponsoring agency. Evening hours are also arranged according to client needs.

Casework: The core service of this program is intensive casework to individuals and families. Clients are seen both in the office and in their own homes. Supportive counseling, case advocacy, budget counseling, and information and referral are all considered a part of casework.

Crisis and Emergency Services: This entails any concrete or support services that are needed by the client in order to meet immediate needs such as housing, food or financial assistance.

Community Outreach: The program operates three satellite units. One unit is located at IS 217 on Roosevelt Island, one at Norman Thomas High School in Manhattan, and the third in a storefront in the Park Slope area of Brooklyn. Each member of the Project staff spends one day at a satellite unit.

Psychiatric and Psychological testing and evaluations: These are provided by consulting personnel.

Staff:

Direct service staff include:

1 Project Director (MSW)
2 Social Workers (MSW)

Program Size:

The program contracted with SSC to service up to 88 families in FY'80. The program can serve 45 families at any given time.

Funding:

The SSC contract for FY'80 is in the amount of $85,350; the program is funded on a match grant basis with private monies meeting the 50% state match.

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Program Name and Location:	Queens Society for the Prevention of Cruelty to Children Preventive Services (QSPCC) 161-20 89th Avenue Jamaica, NY 11432
Contact Person:	Ellen Weber 526-0722
Dates of Site Visits:	October 11 and 12, 1979

Background:

This program, sponsored by QSPCC, was one of the original 911 programs. The program began in April 1974, as did contracting with SSC.

Goals and Objectives:

The primary goals of the program are to prevent the placement or return of youngsters to foster care; to shorten the time in placement and to help families become self-sufficient. Specific objectives include:

- to strengthen individual functioning and family relationships;
- to assist families to more adequately deal with their environment and obtain appropriate resources; and
- to assist parents and children deal more adequately with each other and cope with parent/child conflicts.

Target Population:

The program serves the entire borough of Queens, with about half of the clients living in Jamaica. The clients are mostly single mothers who are Black (although White, Hispanic and Oriental families are also served), and receiving public assistance. Common problems include the lack of financial and emotional support, isolation, and the feeling of being overwhelmed with parental responsibilities. The primary source of referrals is the sponsoring agency.

Method/Services:

The program is open Mondays through Fridays, 9 AM to 5 PM.

Casework: Casework is the core service, with a concentration on classic individual and family therapy concentrating on emotional issues. Casework also includes counseling on concrete concerns such as parenting, alcohol and drug abuse, home management and case advocacy.

Case Advocacy: Case advocacy usually includes accompanying clients to appointments in order to strengthen the therapeutic relationship and to provide an opportunity for role modeling.

Outreach: The preventive program benefits from the agency's speaker's bureau. There is regular contact with other social service agencies.

Emergency Services: There is a 24-hour hotline into the sponsoring agency's shelter. A major thrust of casework is the capacity to respond immediately to specific problems.

Home Management: This is part of counseling. The program also purchases homemaker services.

As staff of QSPCC, the preventive ser[illegible] workers have Peace Officer status and may remove a child from the home if necessary.

Staff:

Direct service staff include:

1 Supervisor (MSW and several years experience)
4 Social Workers (MSW)
1 or 2 MSW graduate students in field placement during the academic year.

Program Size:

Program contracted with SSC to serve up to 84 families for FY'80; the number of families which can be served at any one time is 40-48.

Funding:

The SSC contract amount for FY'80 is $112,948; funding is by Title XX.

Program Name and Location: Red Hook Prevention Program
94 Visitation Place
Brooklyn, NY 11231

Contact Person: Jose E. Pacheco
855-8387

Date of Site Visit: September 11, 1979

Background:

The program is sponsored by Brooklyn Catholic Guardian Society. Under a contract with SSC, it began operation in May of 1979 as an offshoot of the South Brooklyn Catholic Guardian Program as an attempt to reach out and engage the population of the Red Hook area.

Goals and Objectives:

The primary goal of the program is to prevent and reduce neglect and/or foster care placement of children of AFDC parents through strengthening of the family unit. Objectives include:

- to assist parents in solving those problems and reducing the stresses that affect the individual and the family;
- to raise the level of self-esteem of the individual;
- to raise the educational level of parents and prevent children leaving school at an early age;
- to provide services that are immediately accessible with a minimum amount of waiting;
- to help parents discover and utilize community resources for themselves and their children;
- to utilize indigenous workers; and
- to provide comprehensive, non-fragmented services.

Target Population:

This program specifically targets the AFDC families residing in the Red Hook community. Parents must be over 21 years old with children under 18 years old in order to qualify for service. The problems most frequently encountered in this population are inadequate finances, poor housing, poor medical care, and behavioral and educational problems of children. Referrals to the program come mainly from schools, health centers, hospitals, local agencies and outreach efforts.

Method/Services:

The program is situated on the second floor of the Visitation School. Great emphasis is placed on outreach and attempts are being made to intervene on a community level through community organization techniques. There is extensive use of the Team in an effort to deliver services that are responsive to the needs of the community. Each Team usually involves social workers and outreach mobilizers, supervised by clinical supervisors and community organizers and overseen by the director. One team usually works with schools while the other works with the family court system and day care centers. The program's hours are Mondays to Fridays, 9 AM to 5 PM; Wednesdays till 7 PM. Evening appointments can be arranged.

Family Casework: This includes both concrete and therapeutic services to the family either collectively or individually.

Advocacy: The three types of advocacy most frequently performed by staff are:

Educational: This entails planning with parents for children who are experiencing problems in school, assisting them in getting correct special education classes accompanying them to hearings and interpreting Committee on the Handicapped material.

Health: This entails helping clients to arrange for proper medical care, and educating families to their health needs.

Welfare: Welfare advocacy includes accompanying clients to DSS and assisting them with face-to-face appointments.

Parenting training group: These discussion groups focus on family life problems, and understanding of childrens' developmental stages and behavior.

Case Management: This includes coordinating the many services and multiplicity of agencies with which many clients are involved.

Tutoring: This consists of assisting children with math and reading after school. Parents are also encouraged and trained to assist children with homework at the center.

Staff:

Direct service staff include:

1 Director (CSW)
1 Clinical Supervisor (CSW)
1 Community Organizer (CSW)
1 Group Worker (BSW and 1 year's experience)

2 Social Workers/Case Workers/Group Workers (MSW or BSW and experience)
3 Outreach Mobilizers (H.S. diploma and 1 year experience)
1 Program Evaluator (CSW; part-time)

Program Size:

The program contracted with SSC to service up to 100 families in FY'80 and can serve 50 families at any given time.

Funding:

The program is 100% city funded on a short-term 6 month basis. The six-month SSC contract amount is $113,570.

Program Name and Location: Rheedlen Truancy Prevention Program
2770 Broadway
New York, NY 10025

Contact Person: Richard L. Murphy
866-0700

Date of Site Visit: September 19, 1979

Background:

In 1970, Rheedlen was incorporated as a non-profit educational foundation. Its goal was to focus attention on chronic truancy among the very young. It began by providing private school scholarships to young children who were not attending school regularly.

In 1973, mainly through private contributions the program opened its first multi-service office at One Union Square in Manhattan. A grant in 1975 from the Criminal Justice Coordinating Council allowed Rheedlen to conduct a demonstration project, the Rheedlen Pins Diversion Program, which involved work with a limited number of chronic truants from School District #3.

In 1976, Rheedlen moved to its present location and expanded its focus to include community-based services that would provide a wide range of services for truant children at risk of foster placement.

The program received its first Special Services for Children contract in March of 1979.

Goals and Objectives:

The primary goals of this program are to identify and provide services to 75 young chronic truants and their families in order to allow the children to reach their full academic and social potential. Specific objectives include:

- to help the child and/or the families recognize that the child's truancy is a problem which needs to be addressed;
- to assist the child in increasing his/her reading scores;
- to provide the requisite services that will allow the child to continue to make progress; and
- to improve the child's school attendance.

Target Population:

The program serves children 6-12 years old, with limited support services to their families, residing in Community Districts 7, 9, and 10 in the Borough of Manhattan. The children served are usually truants who have missed 50 days during the previous academic year, or whose present attendance record indicates that a problem is likely to develop.

Among the families served, which are largely Hispanic and Black, there are a large number of single-parent households. There are about equal numbers of families who work as those on public assistance. The commonly presented areas of stress to the service population are generally in the areas of jobs, housing, finances, nutrition and education. The child is generally the one who is referred and referrals come mainly from schools, family court, police and walk-ins.

Method/Services:

This community-based program is located on the upper West Side in the Morningside Heights area. Its business hours are Mondays, Tuesdays, Wednesdays and Fridays from 8:30 AM to 8 PM; Thursdays 8:30 AM to 6 PM, and Saturdays 9 AM to 4 PM.

General Casework: General casework, which includes concrete services and advocacy, is done on an extensive basis. It generally involves work on behalf of clients who experience difficulties negotiating systems such as welfare, Board of Education and court, on their own.

Counseling: Counseling, which involves the use of individual group and family modalities, is generally provided by a social worker. The goal is to "enable a client to capitalize on strengths within the personality which will ultimately move him/her from a frustrating situation to self-help." All members of the social services staff are involved in extensive outreach, which involves home visits and seeing that children get to and from schools by escorting them.

Remedial Instruction: Remedial instruction includes remedial reading classes given by board-certified teachers and one-to-one tutoring provided once per week for each child in the program. Tutoring in math and English is done mainly by volunteers. The remedial component is supervised by the Education Coordinator.

Recreation: Recreation is provided in the evenings and on Saturdays and includes dance and drama classes conducted by professionals, board games and trips which are supervised by the Education Coordinator.

Community Outreach: The program also conducts special outreach activities in response to the needs of the community. These efforts include:

A Clothing Exchange: The Exchange, which is run by VISTA workers and supervised by the Volunteer Coordinator, provides an opportunity for families of children who attend Rheedlen to support each other through an exchange of clothing. Clothing may also be donated and often is by persons not involved in the program.

A Housing Group: The current major involvement is a homesteading project, is perceived largely as a self-help group. The members are mainly parents with children who attend Rheedlen. They meet once per week and attempt to serve as a resource for each other in the area of housing, whether it be to help a member draft a letter to the Department of Housing or pass on information about a vacant apartment or extermination.

A Satellite Unit: A Satellite Unit has recently been started in P.S. 207. Instead of children going to Rheedlen, space has been provided within the school where Rheedlen's staff can work with children and also develop a relationship with teachers and other school personnel.

Staff:

Direct service staff include:

1 Project Director (BA)
1 Educational/Coordinator (Ph.D.)
1 Volunteer Coordinator (MSW)
1 Administrative Coordinator (MA)
1 Supervising Social Worker (MSW)
3 Social Workers (MSW/BA)
Volunteers
Graduate Social Work Students
2 Teachers (MA or 3 years liscensed teaching)

Program Size:

For FY'80, the program contracted with SSC to service up to 100 families and can serve 100 families at any given time.

Funding:

Rheedlen's contract with SSC for FY'80 is in the amount of $188,202; funding is on a match grant basis, and city monies are used to meet the 50% state match.

Program Name and Location: Riverdale Children's Association
475 Riverside Drive, Room 510
New York, NY 10037

Contact Person: Julia Leonard
866-6003

Date of Site Visit: September 10, 1979

Background:

Riverdale, an established foster care agency, began a Family Preservation Program in 1967, while simultaneously phasing out the agency's residential component. Today, Riverdale operates one group home; the preventive service program has become the agency's primary program. Contracting with SSC began in July of 1978.

Goals and Objectives:

The primary goal of this program is to intervene in the cycle of problems threatening family stability in order to strengthen individual and family relationships thus negating the need for placement of the child outside of his home.

Other aims are:

- to identify potential problems early in a child's life before they reach a chronic, serious level;
- to provide information about child rearing and parenting; and
- to provide outreach and advocacy on a broad scale and foster responsive, integrated services for children.

Target Population:

Riverdale serves families living on the upper West Side of Manhattan, primarily in Community District #9. The community is culturally mixed with a large concentration of Black and Hispanic families. The families served tend to be multi-problem; they are poor and live in deteriorated housing in drug-infested neighborhoods. Most of the families are headed by single parents who feel powerless and have become victims. The program concentrates on high risk families with children 15 years old and younger. Presenting problems usually center around the children's school, community or home behavior problems. The major sources of referrals are schools and self-referrals.

Method/Services:

The offices for this community-based program are located in an office building. Program hours are weekdays from 9 AM to 5 PM, except Wednesdays, when the program is open until 9 P.M. Home visits are made routinely.

Casework: Generic casework is the primary service offered to families; its aim is to reduce or alleviate those factors causing stress or threatening the family equilibrium. Casework entails supportive counseling, advocacy, tutoring, parenting training, home management and budget training, information and referral, and occasional recreational activities.

Advocacy: Case advocacy, helping families negotiate various bureaucracies, is a demanding and routine aspect of casework. In terms of issue advocacy, Riverdale staff helped organize and coordinate a tenant rent strike in a building where many of their clients lived.

Outreach: In addition to home visits, the program has a social worker stationed one day a week at two community elementary schools; the purpose is to meet and work with parents and serve as a consultant to kindergarten through third grade teachers by observing specific children in the classroom.

Crisis Intervention: Crisis intervention is the service most families need on initial contact with Riverdale's program. The intervention consists of immediately alleviating the causes of family stress and then trying to establish a relationship by which to avert further crises.

Educational Services: In conjunction with a work study program at Columbia, the Riverdale offers both individual and group tutoring. Sessions last 50 minutes and students, depending on their needs, meet with their tutors one or two times a week.

Recreational Activities: Riverdale sponsors a mini-olympic family picnic every spring and sporadically arranges various outings into the community.

Therapy: Individual or family therapeutic sessions are conducted either the pschologist or the professional social work staff. These ongoing sessions are psychoanalytic.

Testing and Evaluation: Psychiatric and psychological evaluations, conducted by Riverdale staff, are available on an as-needed basis.

Direct Financial Assistance: Grants are given for such needs as emergency food and rent, medical care, furniture, homemaker services and camp tuition.

Staff:

Direct service staff include:

1 Casework Supervisor/Project Director (MSW)
6 Caseworkers

Program Size:

According to the SSC contract for FY'80, Riverdale plans to serve up to 110 families during the year, with about 45 cases being active at a given time.

Funding:

For FY'80 the SSC contract is in the amount of $76,130; the program is funded on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program Name and Location: South Brooklyn Prevention Program
191 Joralemon Street
Brooklyn, NY 11201

Contact Person: Joanne Whelley
596-5500

Date of Site Visit: October 16, 1979

Background:

This program is sponsored by the Brooklyn Catholic Guardian Society. It began in July 1976, partly as an outgrowth of a family therapy program within the sponsoring agency and has been under contract to SSC since that date. The program has recently created a new preventive service unit in the Red Hook section of Brooklyn because previously, clients had to travel to Jerolemon Street for services.

Goals and Objectives:

The primary goals and objectives of this program are:

- to prevent family deterioration;
- to move towards earlier and qualitatively better identification of children "at risk";
- to service a greater number of people more comprehensively and in less time than traditional patterns of service would;
- to enable parents to better cope with acting-out adolescents;
- to reduce the rate of recidivism to foster care; and
- to reduce the number of foster care placements.

Target Population:

The program is designed to serve children under 18 years old and their families who live in Community Districts 2 and 6. Although the program is located in the Brooklyn Heights community, all of the clients come from elsewhere, in particular the Carroll Gardens area. The ethnic mix of the service population is evenly divided between White, Black and Hispanic. One third of this group are on public assistance, and two-thirds are working-class families. The problems frequently encountered in this population are truancy, parents inability to cope, single parent issues, housing, medical problems, and a lack of knowledge about resources. The sources of referrals include schools, the South Brooklyn Health Center, Catholic Charities Human Service Center, and the Stanley Lamm Institute.

Method/Services:

The preventive unit, which is located in the main offices of the sponsoring agency, sees its philosophy as the "total approach" to the client. The program's hours are Monday to Friday, 9 AM to 5 PM.

Family Casework: Family Casework entails the entire family being seen by one social worker. Services provided by this worker could include family therapy, advocacy, concrete services and case management, based on assessed need.

Individual Casework: Individual Casework involves one person seen by one worker for counseling or psychotherapy. It also includes assisting the client with concrete needs, such as advocacy.

Task Oriented Groups: These groups are organized around specific issues and have specifically articulated goals such as parent effectiveness training.

Counseling Groups: These include groups for children of abusive parents, parents of children with learning disabilities, and chronic asthma patients. These group services are conducted by the preventive staff in hospitals and schools.

Mutual Aid Groups: In these groups the worker mobilizes resources so that they are at the disposal of the clients. The clients are then encouraged to take the initiative and use these resources to help each other. The program also sponsors a chapter of Parents Anonymous. The project director and other members of the group are involved in disseminating information to schools, church groups and parents groups.

Psychological and Psychiatric Evaluations: Psychological and Psychiatric evaluations are provided on a consultant basis.

Staff:

Direct service staff include:

- 1 Program Coordinator (MSW)
- 1 Project Director (MSW)
- 3 Social Workers (MSW)
- 1 Paraprofessional

Program Size:

For FY'80, the program contracted with SSC to provide services to 40 families with 30 families receiving service at any one time.

Funding:

The SSC contract for FY'80 is in the amount of $110,800; funding is on a match grant basis with a combination of private and city monies being used to meet the 50% state match.

Program name and Location: Staten Island Reception Center Preventive Service Program (S.I.R.C.)
206 Bay Street
Staten Island, NY 10301

Contact Person: Renaldo Galindo
273-8600

Date of Site Visit: October 26, 1979

Background:

Staten Island Reception Center Preventive Service program, one of the original 911 demonstration projects established in 1973, is sponsored by New York Foundling Hospital. Although the Reception Center and Preventive Services Program are separate programs, they were founded at the same time and often serve the same clients. Consequently, components of programs overlap.

Goals and Objectives:

The ultimate goals of the SIRC Preventive Program is to prevent foster care placement or to reduce a child's time in placement. Objectives are:

- to stabilize the family unit by offering the needed concrete and supportive services to parents and children; and
- to provide an education for parents which will help them to strengthen their family structure.

Target Population:

The catchment area of this program consists of all of Staten Island, however, over 50% of the clients come from the North Shore section which is within walking distance of the program. Clients either tend to be very young, single mothers overwhelmed with the responsibilities of young children or older couples who are having difficulties managing their teenage children. (Over 25% of the families served have a child presently in foster care.) Most of the families served are receiving public assistance, and few of the parents have completed high school. Over 85% of the mothers have themselves been in foster care placement or were separated from their natural families. Approximately half of the clients are White, the others are Black and Hispanic. The most predominant common problem is the isolation of the families. Other problems include lack of parenting skills and psychological problems on the part of the parents.

Major sources of referrals are voluntary placement agencies including the sponsor, Community Mental Health Centers and local hospitals.

Method/Services:

The Preventive Service Program housed in an apartment above the Foundling's Staten Island Services, is located on a commercial street on the island. The program's hours are 9 AM to 7 PM on Mondays and Fridays and from 9 AM to 8 PM other weekdays. An emergency on call procedure is in effect at all other times.

Casework: Casework is the core service. It is defined as regular contact between the worker and a significant person in the family, usually the mother. Sessions take place at the program or in the client's home. Supportive counseling, advocacy, parent training, home management and budget counseling, and information and referral all fall under the umbrella of casework service.

Advocacy: In addition to workers advocating for their clients as part of the casework process, the program does have, for one day a week, a consultant welfare advocate. He is a law student and is responsible for staff training and for intervening, when necessary, for clients.

Crisis Intervention: The most demanded services, especially at intake, is crisis intervention. It consists of immediate concrete or supportive services to families whose stability is in jeopardy.

Groups: Task-oriented and therapeutic groups are offered separately to parents and children. Last year a 9-month long mothers group focused on intra-psychic issues. Children's groups are generally recreational outings.

Educational services: Educational Services are offered through P.S. 37 which is a special school, staffed by Board of Education teachers and located in SIRC. Several adolescent parents and children from the Preventive Program attend the school.

Therapy: MSW Social Workers, supervised by a psychologist, offer individual psycho-therapy and family therapy services. The therapy focuses on the client's intra-psychic problems, self-image and family dynamics.

Parenting Training: Effective October 1, 1979, the program received a CETA grant to hire four Family Workers, all of whom will be community residents. Their primary responsibility will be parent training within the clients' homes. Testing and evaluation are available through SIRC

Direct Financial Assistance: Nine thousand dollars was budgeted in FY 80 for grants which are usually distributed for emergency clothing, food and shelter, but it is also used for homemakers' services and camp tuitions.

Staff:

Direct service staff include:

- 1 Director (MSW; Part-time - 7 hours per week)
- 1 Supervisor (MSW)
- 3 Caseworkers (MSW)
- 1 Psychologist (2 times a week)
- 1 Welfare Advocate (Law student once a week)

Program Size:

SSC contracted with SIRC Preventive Services Program to serve approximately 60 families during FY'80, with approximately 40 families being served at a given time.

Funding:

The SSC contract for FY'80 is in the amount of $113,839; this program is fully funded by Title XX.

Program Name and Location:
The Children's Aid Society
Preventive Service Program
150 East 45 Street
New York, NY 10017

Contact Person:
Patricia Gray
949-4900

Dates of Site Visits: September 25 and October 26, 1979

Background:

The Children's Aid Society Preventive Service Program began operation in 1973 as one of the original 911 demonstration programs; contracting with SSC also began on that date. It is sponsored by Children's Aid Society.

Goals and Objectives:

The primary goal of the program is to strengthen family life by reducing stresses under which families live, improving parenting skills, fostering positive attitudes toward education and employment and helping families negotiate systems so they can advocate for their own needs.

The program strives to bring together a full range of services to:

- reduce the risk of child abuse and/or neglect;
- reduce the need for foster care; and
- help families become self-sufficient.

Target Population:

This borough-wide program primarily serves both Manhattan and the Bronx. The program offers services to families with at least one child under eighteen years. Families are mostly Black or Hispanic, receive public assistance, have little or no experience with parenting and many parents have histories of abuse and/or neglect. In addition, some families have or have had children in foster care and in these situations, the program works to return them home sooner and/or provide after care services to reduce the risk of replacement. Primary sources of referrals are the sponsoring agency and SSC.

Method/Services:

The program is housed in its sponsor's Lord Memorial Building in Manhattan but serves both Manhattan and the Bronx. The office is open weekdays 8:30 AM to 5 PM, with Monday evening hours till 9 P.M. Workers are available for emergencies at other times.

Casework: Casework counseling is this program's core service and includes individual and family treatment, parenting training, case advocacy, crisis intervention, recreation and information and referral.

Psychiatric and Psychological Services: Evaluation and consultation is available to preventive clients through the sponsor on an as-needed basis. Other services available on an as-needed basis from the sponsor are health and dental examinations and treatment.

Financial Assistance: The program does not provide ongoing financial assistance, but has money available to pay for needed tangibles such as food, clothing, rent and furniture. Expenditures are made solely in conjunction with casework services.

Purchased Services: The program purchases tutoring services for children from Creative Tutoring Services. Tutoring is done in the child's home. In addition, emergency homemaking and summer camping services are purchased.

Staff:

Direct service staff include:

1 Director (MSW)
4 Social Workers (MSW)
1 Paraprofessional (High School)

Program Size:

The program has contracted with SSC to serve up to 75 families in FY'80 and states that the average number of families served at any given time is 44.

Funding:

For FY'80 the SSC contract amount is $152,248; funding is by Title XX.

Program Name and Location: The Children's House Mother-Infant High Risk
3 East 94th Street
New York NY 10028

Contact Persons: Ms. Nikee Tsamas,
Dr. Martin Frommer,
369-0300

Date of Site Visit: September 24, 1979

Background:

The Children's House Mother Infant High Risk Program, established in July of 1976, is sponsored by Spence-Chapin Services to Families and Children. Originally the project was funded by Spence-Chapin's endownment. Contracting with SSC began in February 1977. Over the past three years, the High-Risk program methodology has evolved from a directive psycho-therapeutic approach focusing on the mother to a parallel format with intervention focused on both the child and the mother.

Goals and Objectives:

The goal of the program is to provide ego-supportive psychoeducational intervention to high risk mothers and their young children, up to 2 1/2 years old, in an effort to prevent foster care placement. The program's purpose is to help stabilize the family situation in order to allow for the growth of the child within the family. It is hoped that a result of the total program will be a diminution of child abuse, developmental lags and emotional disturbance on the part of those who participate.

The program has enumerated specific, and separate objectives for the parent and child, and its approach stresses multiple, flexible strategies. Program objectives for mothers are:

- to provide ongoing ego supportive therapy for the parents;
- to give parents the opportunity for group participation;
- to improve parenting skills; and
- to assist parents with the problem of daily living.

Concurrently, the program objectives for the children are:

- to conduct a developmental assessment and develop a psychoeducational prescription;

- to directly support a child's growth process through stimulation and enrichment experiences; and

- to monitor well baby-care.

Target Population:

The program serves mothers of all ages and their children up to 2 1/2 years old. Most clients live in the Metropolitan Catchment area which is composed of Manhattan Community Planning Board #8. The mothers participating in the program tend to be young, single parents who have emotional, psychological, and social problems which are interfering with their ability to parent. Mothers are considered "high risk" because they are isolated and have histories of drug abuse, child abuse, psychiatric hospitalization, depression, or are battered women, or adolescent parents. Few are high school graduates, and even fewer have work experience. Their common strength is their desire for a better life for themselves and their children. The majority of referrals, which are basically crisis oriented, come from Mt. Sinai, St. Lukes, and Columbia Presbyterian Hospitals and other social service agencies.

Methods/Services:

The program, located across the street from the Spence-Chapin agency, is housed in the same townhouse as The Children's House Day Treatment program. The staff, with the exception of two social workers, is part-time. Their responsibilities are for the most part divided between the two programs. The program's nursery is open Mondays, Wednesdays, and Fridays from 1 PM to 3 PM; all other services thoughout the day are by appointment.

The High Risk Program is divided into two components "outreach" and "in-house"; the program tries to tailor treatment strategies to the individual needs of each family. Where appropriate, a sliding scale fee is charged.

Casework Services: Casework services consisting of counseling, advocacy, direct financial assistance, crisis intervention, and information and referral are provided by social work staff. Casework with "outreach" and "in-house" clients concentrates on personal growth, and often includes parenting training and day care services for children.

Developmental Nursery: The nursery, a focal point of the program, is open three afternoons a week from 1-3 PM. It offers a forum in which parents, through modelling and direct instruction, can learn parenting techniques, while at the same time, children can receive infant stimulation and have their developmental milestone monitored. During the nursery period, informal team-led mother's groups are also scheduled.

Therapy: Individual ego strengthening psychotherapeutic sessions are conducted with clients by MSW social workers. A PhD psychologist supervises the staff.

Testing and Evaluation: Psychiatric and psychological testing is available, as needed, for mothers and Vulpe Developmental assessments are conducted on all children. Medications are prescribed as needed.

Meals: Lunch and snacks are served to children and parents during nursery sessions.

Staff:

Direct service staff include:

1 Faculty Director (MSW; 4 hours per week)
1 Program Director (Psychologist; 12 hours per week)
1 Clinical Director (M.D.; 2 1/2 hours per week)
2 Social Workers (MSW; full-time)
1 Social Worker (MSW; 4 hours per week)
1 Cook
Volunteers

Program Size:

The SSC contract states that the High-Risk program has contracted with SSC to serve up to 25 families in FY'80 and can serve 16 families at any given time.

Funding:

The SSC contract amount for FY'80 is $80,862. The program is funded on a match grant basis with a combination of city and private monies used to meet the 50% state match.

Program Name and Location: Tri-Agency Family Court Services
60 Lafayette Street
New York, NY 10013

Other Office Locations: Jewish Board of Family and Children's
Services Office (JBFCS)
120 W. 57th Street
New York, NY
(For Group Remedial Program)

JBFCS: Storefront
281 Amsterdam Avenue
New York,NY
(For After-School and Activity Program)

Contact Person: June Townsend
349-2177

Dates of Site Visits: September 25 and 26, 1979

Background:

The Tri-Agency Family Court Services established in November 1975, is a joint project, equally sponsored by Big Sisters, Inc., Catholic Charities and the Jewish Board of Family and Children's Services. JBFCS serves as the fiscal and contract agency. The program was initiated after all three agencies,in cooperation with the Family Court Probation Department, conducted an eighteen month long study which identified large numbers of children whose cases were adjusted. Because the court had no authority, these children were not receiving the services they needed. Tri-Agency was originally funded by CJCC. Contracting with SSC began in April, 1979.

Goals and Objectives:

The goals of the Tri-Agency Program are the strengthening of family life, the prevention of family breakdown and prevention of the residential placement of children. The program also works to:

- direct children from the court system and reduce recidivism;
- return children to school motivated to learn and with improved academic skills;
- offer a range of integrated services to children and their families to help them stabilize and grow; and
- strengthen family life and improve parents' ability to parent by understanding their children better by being relieved of environmental sources of stress,and consequently, having the energy to set constant limits.

Target Population:

The Tri-Agency program serves youths and their families who appear before New York County Family Court and whose cases are either closed at Probation Intake or dismissed from court without a finding. Although the program is borough-wide, most of the families come from Harlem, the Lower East Side and the Upper Westside of Manhattan.

The youths are usually boys between 12 and 16 years old. The majority are Black or Hispanic, and come from economically deprived homes. Most of the them are reading three or four years below grade level, have been in court before and come from socially alienated families. They tend to be self-destructive, involved in drug abuse or truancy and are beyond their parents' control.

The families are most often single-parent, multi-problem who are discouraged and victimized by the system.

The primary source of referral is the probation office; other sources are Family Court justices, court liaison workers and clients.

Method/Services:

Tri-Agency is based in the New York County Family Court building which allows Probation Officers to escort clients to the program at the point of referral. There are two other program sites on Manhattan's Westside, one located in JBFCS' main office for the group remedial program and the after-school program is situated in a storefront. The program hours are as follows: The Family Court office is open from 9 AM to 7 PM Mondays, Wednesdays and Fridays, and from 9 AM to 5 PM on Tuesdays and Thursdays. The Group Remedial Program and Casework Unit hours are 9 AM to 5 PM weekdays, except Mondays and Thursdays when the programs operate until 9 PM. The Storefront office is open on Tuesdays and Fridays from 3 PM to 8 PM.

Casework: Casework, both individual and family, constitutes the backbone of the Tri-Agency program. It ranges from crisis intervention to traditional ongoing casework. Emphasis is placed on early identification of the problems of both the adolescent and his/her family and the acquisition of services necessary to achieve desired goals. Consequently, casework consists of advocacy for concrete services, home management and budget training, parenting training, information and referral, supportive counseling and therapy. Caseworkers try to see clients at least weekly either in the office or at home. Counseling/ therapy is supervised by a psychiatrist or psychologist.

Advocacy: Advocacy, in the form of helping clients negotiate with various governmental systems is often the initial service rendered a client by Tri-Agency. It has been Tri-Agency's experience that rapid intervention into a concrete issue is often the key factor in stabilizing a family.

Educational Services: The remedial education component of the program is an integral part of the overall service. Educational assessments, and individual and group remedial reading and math sessions are offered on a regular basis. Paraprofessionals and volunteers are tutors and are supervised by a Remedial Education Specialist.

Recreation and Groups: Groups and recreational activities are part of the after-school program which is open two days a week and housed at the storefront. Groups offered at the center include a Spanish speaking mothers group, an adolescent boys group and a Black studies group. The recreation program which serves 25 youths consists of drama and cooking workshops and arts and crafts activites.

Testing and Evaluation: Psychological and psychiatric evaluations are conducted by program staff when there is a question regarding the nature or severity of a client's symptoms. Informal educational assessments are conducted on children partaking in the remedial programs.

Staff:

Program direct service staff include:

1 Program Director (MSW)
2 Social Work Supervisors (MSW; half-time)
6 Psychiatric Social Workers (MSW)
3 Psychiatrists (7 hours each per week)
2 Psychologists (M.A. with post M.A. level training)
1 Remediation Specialist (M.A.)
2 Paraprofessionals (High School with three years or B.A.)

Program Size:

Tri-Agency has contracted with SSC to serve up to 400 families during FY'80; an average of 225 families can be served at any given time.

Funding:

The FY'80 contract with SSC is in the amount of $337,388; funding is on a match grant basis with city monies being used to meet the 50% state match.

Program Name and Location: Under 21
460 West 41 Street
New York, NY 10036

Contact Person: Sandra Hagan
354-4323

Dates of Site Visits: November 6, 7, 9, 1979

Background:

Covenant House, a voluntary foster care agency, opened Under 21 in March of 1977 with the help of developmental monies provided by SSC. Although the program offers services to youth up to 21 years of age, the SSC contract is only for the provision of services to children up to 18 years old. Services to the older clients are funded through a variety of other sources.

When Under 21 first opened, it offered meals and counseling to nine teenagers. Today it is a multi-service agency offering food, shelter, and counseling to up to 120 children a day, and serves up to 350 meals a day.

Goals and Objectives:

The primary goals of Under 21 are to provide a safe, easily accessible haven for runaways who have come to Times Square and to protect these youth from becoming victims of the crime, abuse, violence, prostitution and drugs that permeate the area. Where possible, the program tries to reunite children with their families and/or enable them to establish stable life styles. The program first addresses a child's immediate concrete needs, i.e., meals, shelter, medical care and then offers time and a sanctuary in which they can discover and consider their options.

Other program objectives are:

- to identify adolescents who have already begun to make their lives in the Times Square area;
- to engage youngsters first and then their families in a therapeutic relationship so that the youth may be encouraged to break his/her pattern of flight avoidance;
- to help the boy or girl find a viable living situation at home, with relatives or friends, independently or in placement;
- to provide supportive counseling to both children and families; and
- to establish linkages with social service and child welfare agencies.

Target Population:

Under 21 serves runaway and transient youngsters in the Times Square area. These children, usually teenagers, are most often inner city minority children who are poorly educated, come from disorganized families, and have no roots. However, a substantial percentage (10-20%) of Under 21's population come from intact, middle class or affluent homes. According to staff, the youths' common problem is poor parenting and their common strength, an ability to survive. The primary source of referrals are self-referrals. Additional sources are the police and clients.

Method/Services:

Under 21 has two sites in the Times Square area; the original crash-pad facility at 260 West 44 Street and a new larger facility with 120 beds located at 460 West 41 Street. The program is open 24 hours a day, seven days a week, and any youngster requesting assistance is eligible for services.

Crisis Intervention: The program is by definition a crisis intervention program. The focus of the intervention is the immediate physical and emotional needs of the client. Intervention ranges from a meal, bed, or medical care to supportive counseling; it's aim, to make the youth feel welcome and safe.

Crisis Care: Meals, shelter, clean clothing, and showers are four basic and much demanded services offered by Under 21. Three meals are served a day. Together the program's crash pad and new facility can accommodate more than 120 children a night. The "shelter" is offered on a short-term basis.

Casework: Ongoing supportive casework for a youngster and/or his family usually focuses on assessing the situation and planning the youngster's future through counseling and advocacy. Not all youngsters are assigned a casework social worker.

Family Casework/Therapy: Family Casework/Therapy is provided by a Family Service Team consisting of an MSW, two full-time staff and a volunteer. The focus is the reconciliation meeting between the child and his/her family; follow-up sessions are designed to help the child successfully re-integrate into his family. This new component of Under 21 program is being carefully monitored in order to develop effective techniques.

Referral: When youngsters are eligible and willing, referral is made to already established services which will meet their needs. This process, especially in relation to city agencies, also entails advocacy for requested services by Under 21 staff.

Groups: Groups are offered on a daily basis and are co-led by child care staff and social workers. The purpose of the morning groups are to make children feel part of the Under 21 community, reflect on their own situation and work through their crisis. Other groups -- such as job preparation and separation groups -- are also conducted on a regular basis.

Education: Assessments of a child's educational needs are arranged through the casework process. Covenant House Mini School, staffed by Board of Education teachers, is available and often used. Tutoring toward General Equivalency Degree (GED) is offered two nights a week.

Vocational Services: Vocational services include job preparation, groups and actual job referrals. Additionally, Under 21 has just initiated a comprehensive assessment-intensive training program for unemployable and unemployed youth.

Outreach Services: Walk-in Teams consisting of a social worker and volunteer identify youngsters in the Time Square area who may need Under 21's services. The Teams also remain in contact with those youth who have left Under 21 and need follow-up care. Under 21, in conjunction with Covenant House, does extensive outreach in churches, schools and the community at large to solicit support for the program and make people aware of the program.

Testing and Evaluation: Psychological and Psychiatric testing is conducted by Under 21 staff; referrals are also made to local hospitals and clinics.

A permanent medical team, consisting of a doctor and three full-time nurses, provide health assessment, first aid and monitor the medical treatment of all children who are ill.

Direct Financial Assistance: Money is provided for fare to return fare home, medications and to help set up independent living quarters. Oftentimes clients will work in the program to help earn their money.

Staff:

There are more than forty full-time direct service staff including:

1 Director (MSW)
1 Director of Social Services (MSW)
3 Social Workers (MSW)
1 Director of Ed/Voc. Services (M.A.)
1 Director of Health/Med. Services (MSW)
2 Supervisors Child Care
5 Shift Supervisors
1 Food Manager
6 Assistant Supervisors
28 Counselors
1 Nurse (R.N.)
1 Coordinator of Volunteers
30 Full-time Volunteers

Program Size:

For FY'80, SSC contracted with Under 21 to serve up to 1,600 families. The number of families who can be served at any given time is 250.

Funding:

The SSC contract for FY'80 is in the amount of $300,000;funding is on a match grant basis with a combination of private and city monies meeting the 50% state match. Other sources of Under 21 funding include private donations and grants from numerous private corporations.

Program Name and Location:	United Families of East Harlem 1680 Lexington Avenue New York, NY 10029
Contact Person:	Lewis Zuchman, 876-0367
Date of Site Visit:	September 6, 1979

Background:

United Families of East Harlem was begun by the parent organization, Edwin Gould Services for Children, in July, 1979 with funding arranged through SSC. The initial SSC contract is for six months.

Goals and Objectives:

The program's overall goal is to strengthen the family unit and prevent the placement of East Harlem youngsters by organizing them around common needs, thus facilitating the development of natural support networks. Specific objectives include:

- to identify children at risk and their families;
- to reach out to families of these children and establish working relationships;
- to provide targeted families with concrete, supportive services;
- to educate families about their rights such as their child's educational rights;
- to provide tutoring for slow learners; and
- to provide career training and job placement services.

Target Population:

This program serves families living in the East Harlem section of Manhattan, primarily in Community District #11.

The ethnic breakdown of the families being served at the time of the site visit was 70% Hispanic and 30% Black. Approximately, half to three-quarters of the Hispanic clients were non-English speaking, with about 25% of them having recently arrived from Puerto Rico.

Most families served were single parent families, and approximately 20% of the single parents were adolescent mothers. Primary presenting problems usually center around housing, income and school-related problems. The sources of referrals included local politicians, schools and the James Welden Johnson Community Center.

Method/Services:

This community-based program is located in the same building as two career training programs. The program organizes staff into areas of specialization, and it is each Advocate's responsibility to visit and remain in contact with all other relevant community programs. The program's philosophy stresses the use of community organization techniques and the delivery of concrete services. It is open weekdays from 9 A.M. to 9 P.M. and Saturdays from 9 A.M. to 1 P.M.

Casework: Casework is offered on an individual and family basis and stresses advocacy, the negotiation of governmental systems, tutoring, information and referral, counseling, and educating parents as to their rights. Groups are organized for educational purpose such as teenage sexuality classes and English as a second language or for career training.

Staff:

Direct service staff include:

1 Program Director (MSW)
2 Unit Supervisors (MSW)
8 Family Advocates (High School Diplomas + 2 years experience)
1 Educational/Vocational Counselor (M.A.)
2 Recreation/Cultural Arts Counselors (part-time)

Program Size:

The program has contracted with SSC to serve up to 230 families in FY'80. The number of families which can be served at any time is 120.

Funding:

United Families of East Harlem's six month contract with SSC, which began on July 1, 1979 is in the amount of $142,230. The program is funded 100% with with city monies.

Program Name and Location: Williamsburg Prevention Program
12 Harrison Avenue
Brooklyn, NY 11211

Contact Person: Jose Rivera
782-7701

Date of Site Visit: September 27, 1979

Background:

The program is sponsored by St. Joseph's Children's Services. The program began operation in February of 1977 as did contracting with SSC.

Goals and Objectives:

The primary goal of this program is to prevent the long-term foster care placement of children from the Williamsburg section of Brooklyn by improving family functioning through casework and supportive services and generally improving the quality of life in the community. Specific objectives include:

- to involve each child in the family in the pursuit of an educational/vocational goal;
- to reduce the number of children involved in the court system;
- to make the project an integral part of the community through staff involvement in community issues and activities; and
- to provide early intervention, assessment and treatment of disruptive elements in the life of the child, his/her family and community.

Target Population:

The program serves the Williamsburg community of Brooklyn in general, but specifically targets the Hispanic population on the south side of Williamsburg. The program's client population is 85% Hispanic. One of the common problems encountered in this population is the language problem and accompanying difficulties. This is compounded by problems of unemployment and poor housing. There is also a problem due to lack of recreational facilities for the young. There is a large percentage of selfreferrals, and referrals from schools; other sources of referrals include legal aid, police, and other social service agencies.

Method/Services:

This center is located in a storefront and the location is accessible to public transportation. The center's services are geared mainly toward the family in crisis and attempts to limit intervention to a six-month period. A priority for this program is a commitment to the community; it works with the neighborhood organizations to identify problems, and pursues joint planning in order to augment services and avoid unnecessary duplication. Therefore, there is a great deal of staff involvement in community councils and planning boards. The center's hours are Mondays through Fridays, 9 AM to 5 PM and Saturdays and Sundays as needed.

Casework: Casework services, provided primarily by Case Aides, usually focuses on concrete service needs.

Case Advocacy: This service is extensive and involves intervening on behalf of clients with welfare, court, and school systems.

Educational Counseling: This service mainly involves educating parents as to their rights, and their children's rights when dealing with the Committee on the Handicapped, explaining reading scores and C.O.H. documents and evaluations, and monitoring childrens' progress in special education classes.

Outreach: This includes home visits and extensive involvement with community and neighborhood organizations.

Information and Referral: This includes assisting a significant number of clients who walk in to seek assistance with problems such as welfare and medical care. Calls are made on behalf of these clients and assessments are made by the program of the need for further intervention.

Family Counseling: This service, provided by Case Aides, involves the entire family in a counseling situation. Role playing is frequently utilized.

Staff:

Direct service staff include:

- 1 Project Director (MSW)
- 1 Site Supervisior (MSW)
- 3 Case Aides (BA or equivalent experience)

Funding:

At the time of the survey, the program had not yet finalized its contract with SSC.

Program Name and Location: Wiltwyck Family Service Program
1234 Fulton Street
Brooklyn NY 11216

Contact Persons: Pang Chang or Pamela Key
674-5010

Date of Site Visit: October 24, 1979

Background:

The Wiltwyck Family Service Program is sponsored by The Wiltwyck School. This program was originally established as a child-abuse-neglect demonstration program funded by HEW from 1971-1978. With the receipt of funding through SSC in 1978, the program was cut in half and the less successful service components, in particular the coordination and monitoring of inter-agency services, were dropped. The program is now re-expanding with funding from another source.

Goals and Objectives:

The program's goals are to keep children out of placement and strengthen the family's ability to keep their children at home by providing a comprehensive range of services to families where children are in or may be at risk of placement.

Target Population:

Wiltwyck's Family Service Program serves high risk families and children living in Community Planning Districts #3, 13, 16, which encompasses the Bedford-Stuyvesant area of Brooklyn. Most of the families are receiving public assistance. The mothers are overwhelmed and feel helpless; the children are troubled. The majority of clients served are Black. Primary sources of referral include the Wiltwyck residential programs, SSC, community agencies and the family court.

Method/Services:

This community-based program operates out of storefront offices located on a commercial street in Bedford Stuyvesant. The program is open weekdays from 9AM to 5PM.

Casework: Intensive casework is the primary service provided to children and their families. Casework includes individual and family counseling, crisis-intervention, parenting training, budget and home management training, and advocacy.

Advocacy: Advocacy, usually provided by community workers, is a fundamental component of casework and entails helping clients negotiate city bureaucracies in order to acquire needed services.

Groups: Support and growth groups are offered on a weekly basis for parents and children separately. The groups for children focus on socialization and improved self-image whereas, those for parents are designed to help parents share experiences and problem-solving techniques. Groups are led by family workers.

Homemaker Services: Homemaker services are contracted from HRA on a short-term basis to help in emergency situations such as the hospitalization of a parent.

Education Services: Wiltwyck sponsors an alternative school located close to the Family Service Program which is available to clients of the program.

Staff:

There are 17 staff members, 10 of whom are homemakers provided through an HRA services vendor contract. Additional direct service staff include:

1 Center Director (MSSA half-time)
1 Supervisor Family Service (MSW)
1 Social Worker (MSW)
3 Community Care Workers

Program Size:

For FY 80, SSC contracted with the Wiltwyck Family Service Program to serve up to 70 families, with approximately 50 families being served at any given time.

Funding:

The SSC contract for FY 80 is in the amount of $155,750. Funding is on a match grant basis, with city monies meeting the 50% state match.

Program Name and Location: Youth Guardian Services
Protestant Board of Guardians (YGS/PBG)
1360 Fulton Street
Brooklyn, NY 11216

Contact Person: Cynthia Vaughan
636-8103

Date of Site Visit: September 20, 1979

Background:

The Protestant Board of Guardians, a non-profit corporation, was founded by probation officers, judges in the family court and community residents to aid in the prevention of juvenile delinquency. PBG sponsors only one program, the Youth Guardian Services which it established in 1970 as a community-based juvenile diversion project. The program was funded in the past by HEW, the Model Cities Administration of New York City, and the New York State Division of The Criminal Justice Coordinating Council. Since November 1975, it has been receiving Title XX funding through SSC.

Goals and Objectives:

The primary goal of YGS is to provide community-based services which will divert children from the juvenile court process and will prevent foster care/institutional placement. Specific objectives are:

- to effect "early" identification of juveniles who are delinquent or in danger of becoming delinquent;
- to reduce the recidivism of juveniles appearing in Brooklyn Family Court;
- to strengthen and maintain the family unit;
- to provide the necessary support to enable families to successfully manipulate their environment; and
- to offer youths and their family alternatives to problems.

Target Population:

The Youth Guardian Society serves youth seven to sixteen years old who live in Brooklyn. The majority of the clients come from central Brooklyn, specifically the sections of Bedford-Stuyvesant, Brownsville, East New York (Community Districts 2, 3, 4, 5, 6, 8, 9, 16). Many of the families are headed by a single parent and have incomes below the poverty level. The parents are often emotionally immature and overwhelmed. Underemployment of the parents and teenage unemployment are persistent problems.

In 1979, the overall caseload consisted of 85% Black, 13% Hispanic, and 2% other; over two-thirds of the clients were boys. The presenting problems span all areas of anti-social behavior, school problems, parent-child relationships, overall dysfunctional family life and "crimes" against society.

Primary sources of referrals are the courts, schools and the youth themselves. YGS has a full-time intake worker located in the court. The program accepts youth who are brought to the court on PINS, Delinquency, and Neglect Petitions.

Method/Services:

This community-based agency is open from 9 A.M. to 7 P.M. Tuesdays to Fridays and from 9 A.M. to 8:30 P.M. Mondays.

Casework: Supportive casework is the primary service offered by the Family Workers. It includes individual and family counseling, advocacy, home visiting, parenting training, and information and referral. Casework services are aimed at mediation of family conflicts, helping families acquire needed services and helping parents understand youth needs and development.

Advocacy: Advocacy is a major component of casework and consists of negotiating systems, accompanying parents to hearings and monitoring the services of other agencies.

Groups: Task and issue oriented groups are offered for adolescents and parents and meet on a regular basis. Parent groups focus on understanding child development and learning techniques of consistent parenting. Ongoing groups for teenagers focus on job training, and other specific issues; they are led by a trained group leader.

Tutorial: Afternoon tutorial sessions are among the most demanded services offered. Tutors volunteer an average of 15 hours a week for this program.

Recreation: At present YGS organizes offers some cultural and educational trips.

Crisis Intervention: A major portion of services are directed to crises situations. All services are available on an intensive and emergency basis. Financial aid for food, clothes, and shelter is also available.

Staff:

Direct service staff include:

1 Project Director (MSW)
1 Asst. Project Director (MSW)
2 Supervisors (B.A.)
2 Senior Family Workers (BSW or H.S. diploma and 8 years experience)
5 Family Workers (BSW or H.S. diploma and 2 years experience)
2 Volunteers

Program Size:

In its contract with SSC for FY'80, YGS estimates it will serve up to 300 families with between 80-90 families served at a given time.

Funding:

YGS's total contract for FY'80 from SSC is $307,981. The program is totally funded by Title XX.

APPENDIX F

APPENDIX F

Compilation of Agencies Resources

This appendix is a compilation of the agencies and organizations which the preventive service programs use for referrals. Many of the programs provided extensive information in response to Question 17 of the Data Collection Form. Since most of the programs offer extensive information and referral services, we felt that it would be beneficial to share these resources with all of the preventive service programs. This is a small, first step toward expanding the resources of individual programs and developing a co-operative network for information.

Vocational and Employment Services

Vocational Foundation Institute, 44 East 23 Street, NYC 10010
Auxiliary High School Services
State Office of Vocational Rehabilitation (OVR), 225 Park Avenue South, NYC
Career Guidance Services, 5 West 63 Street, NYC 10023
Vocational Foundation, 44 East 23 Street, NYC 10010
Job Opportunity & Education for Youth (JOEY), 14-32 West 118 Street, NYC
Prison Reform Task Force, 2 West 64 Street, NYC 10023
HARCAP East, 1695 Lexington Avenue, NYC 10029
Altro Workshops, Inc., 3600 Jerome Avenue, Bronx, NY
High School Dropouts Academic Prep., 198 Forsyth Street, NYC 10002
Mid-Manhattan, 212 West 120 Street, NYC 10027
Union Settlement, 174 East 104 Street, NYC 10029
Recruitment Training Program, 162 Fifth Avenue, NYC 10010
Committee for Comprehensive Education, 120 East 160 Street, NYC 10029
Auxiliary Services to High Schools, 198 Forsyth Street, NYC 10002
SUNY Urban Center (EOC), 163 West 125 Street, NYC 10027
Manpower, 2090 Seventh Avenue, NYC 10027
Educational Opportunity Center, 163 W. 125th Street, NYC 10027
Central Brooklyn Coordinating Council, 1249 Fulton Street, Brooklyn, NY
Sunset Park Youth Employment Program, 409 53rd Street, Brooklyn, NY
New Horizons, 75 Lewis Avenue, Brooklyn, NY
Brooklyn Youth Opportunity Center, 394 Bridge Street, Brooklyn, NY
Tremont Community Council, 1880 Valentine Avenue, Bronx, NY 10457
Job Corps, Hunts Point Multiservice Center
E.Y.E. of Red Hook
Community Council of Greater New York, 225 Park Avenue South, NYC
AMTEC Management, 485 Fifth Avenue, NYC
Arawak Consulting Corporation, 1680 Lexington Avenue, NYC
Youth Career Development Center, 391 East 149 Street, NYC
Commonwealth of Puerto Rico, 304 Park Avenue South, NYC
Hispanic Labor Committee

Homemaker/Housekeeper Services

Henry Street Settlement Urban Life Center, 359 Madison Avenue, NYC 10002
Jewish Board of Family & Children Services, 120 West 57 Street, NYC 10019
Bronx Developmental Services, 1410 Pelham Parkway, Bronx, NY 10461

Day Care

Agency for Child Development, 240 Church Street, Room 111, NYC 10013
Manhattan Community Corporation (HARYOU-ACT), 215 West 125 Street, NYC 10027
P.A.W.S., 610 West 112 Street, NYC 10025
Head Start, 114 West 91 Street, NYC 10024
NYC Bureau of Child Health Division, 350 Broadway, NYC 10013
Nuestros Ninos Day Care Center, 384 South 4 Street, Brooklyn, NY
East Harlem Council on Human Resources
Neighborhood Children's Center, 1833 Lexington Avenue, NYC

Individual Psychotherapy

James Weldon Johnson, 96 East 125 Street, NYC ;10026
St. Luke's Hospital
Metropolitan Hospital
Post-Graduate Center for Mental Health, 124 East 28 Street, NYC 10016
Puerto Rican Family Institute, 116 West 14 Street, NYC 10011
Harlem Juvenile Diversion, 402 West 145 Street, NYC 10031
Wiltwyck School for Boys - Out Patient Clinic, 180 West 135 Street, NYC 10030
Fifth Avenue Center for Counseling, 10 West 10 Street, NYC 10011
Harlem Hospital Child Psychiatry, 506 Lenox Avenue, NYC 10037
Mental Health Association of Manhattan and the Bronx, 1440 Broadway, NYC 10018
Williamsburg Community Services, 815 Broadway, Brooklyn, NY
Willia Hardgrow CMHC, 289 Lewis Avenue, Brooklyn, NY 11221
Maimonides Community Mental Health Clinic, 1479 38th Street, Brooklyn, NY
South Beach Psychiatric Center
Bensonhurst Mental Health Center, 2502 86th Street, Brooklyn, NY 11214
New Hope Guild, 971 Jerome Avenue, Brooklyn, NY
South Beach Psychiatric Center, 350 Baltic Street, Brooklyn, NY
Williamsburg Health Station, 151 Mauger Street, Brooklyn, NY
Greenpoint Hospital Mental Health, 300 Skillman Avenue, Brooklyn, NY

Psychiatric Evaluation/Testing

Sydenham Hospital NFCC/Development Evaluation Unit, 215 West 125 Street, NYC
Mental Retardation Institute, 2265 Third Avenue, NYC 10035
Roosevelt Hospital Development Disabilities, 428 West 59 Street, NYC 10019
Joint Planning Service, 345 Madison Avenue, NYC 10017
Northside Center for Child Development, 1301 Fifth Avenue, NYC 10029
Tremont-Fordham Mental Health Clinic, 2333 Bathgate Avenue, Bronx, NY 10458
Bed-Stuy Mental Health Center, 1360 Fulton Street, Brooklyn, NY

Alcohol/Drug Counseling

Harlem Hospital Center for Alcoholism Treatment
St. Luke's Hospital Detox Unit, 11[illegible] Street & Columbus Avenue, NYC 10025
Daytop Village, 54 West 40 Street, NYC 10018
Project Return, 317 West 48 Street, NYC 10036
Soundview-Throggs Neck Community Mental Health Center, 2527 Glebe Rd., Bronx 10465
Beth Israel Teenage Service, 17 Street & First Avenue, NYC
Kings County Hospital, Brooklyn, NY
Lutheran Medical Center, Alcohol Clinic, 150 55th Street, Brooklyn, NY

Crisis Housing

Salvation Army, 720 West End Avenue, NYC 10025
GLIE
Project Contact, 315 East 10 Street, NYC 10009
Project Return
Covenant House & Under 21
Vacancy Control - Welfare Housing, 237-6641
Woman's Survival Space, P.O. Box 279, Bay Ridge Station, Brooklyn, NY
Odyssey House
Missionary Sisters of Charity, 335 East 145 Street, Bronx, NY 10457

Crisis Care Facilities

Everything for Everybody, 131 Avenue B, NYC 10009
BCW Emergency Shelter
Contact, 313 East 10 Street, NYC
Covenant House - Under 21
Project Return
GLIE
St. Mark's Emergency Shelter
St. Luke's Crisis Unit

Emergency Services

Abused Women's Aid in Crisis (AWAIC), GPO 1699, NYC 10001
City Psychiatric Hospital (Metropolitan, Bellevue)
(St. Luke's, Columbia Presbyterian - Private)
Manhattan Child Psychiatric Unit
Wards Island

Literacy Training

Adult Education Program - Board of Education
Auxiliary High School
NYC Community College Reading Academy, 246 Jay Street, Brooklyn, NY
Staten Island Community Program, 715 Ocean Terrace

English as a Second Language

St. Matthew's & St. Timothy's Church
Educational Opportunity Center, 163 West 125 Street, NYC 10027
English-In-Action, 40 East 54 Street, NYC 10022
Experimental Bilingual Institute, 177 East 104 Street, NYC

Continuing Education

Auxiliary High School, 198 Forsyth Street
Educational Opportunity Center
SCS Business Technical School (Manpower), 147 West 42 Street, NYC 10036
Harlem Teams for Self-Help, 179 West 137 Street, NYC 10030
Union Settlement, 174 East 104 Street, NYC 10029
Career Guidance Service, 5 West 63 Street, NYC 10023
Altro Workshop, 3600 Jerome Avenue, Bronx, NY
American Business Institute, GED, 152 Court Street, Brooklyn, NY
Creative Tutoring, Inc., 1120 Old Country Road, Plainview, NY
WEP, 144 East 128 Street, NYC 10035
Touro College, c/o Sunset Park Head Start, 4222 4th Avenue, Brooklyn, NY

Family Planning

Planned Parenthood
Community Service Society, 150 West 105 Street, NYC 10025
Family Planning, 1360 Fulton Street, Brooklyn, NY
Margaret Sanger Clinic, 380 Second Avenue, NYC

Health Screening/Assessment

William F. Ryan, 160 West 100 Street, NYC 10025
St. Luke's Center Family Care Group Practice, 411 West 114 Street, NYC 10025
Clarence Shagg Medical Center, 159 West 127 Street, NYC 10027
Professional Health Care Medical Center, 214 West 116 Street, NYC 10026
Stanley Lamm Institute, Long Island College Hospital
Columbia University School of Medicine Nurse Practitioner Program,
  600 West 168 Street, NYC 10031
Maternal Health Clinic, 115 Street, NYC
Bonken Health Center, Taino Towers

Recreation

Boys' Club, 321 East 111 Street, NYC 10029
Uptown YMCA
The Door
Children's Aid Society, 32 West 118 Street, NYC 10026

Recreation (cont.)

Grosvenor Neighborhood House
Mid-West Side
Goodard-Riverside
PAL

Camping

Uptown YMCA
United Methodist Church Camp Service (Fresh Air Fund), 2085 Fifth Avenue, NYC
Community Council of Greater New York
Fresh Air Fund, 300 West 43 Street, NYC 10038

Tenant Advocacy & Neighborhood Improvement

Neighborhood Economic & Educational Development (NEED), 2031 Webster Avenue, Bronx, NY
University Heights Neighborhood Improvement Association, 2349 Andrews Avenue, Bronx, NY 10468
Williamsburg/Greenpoint Coalition, 11-29 Cahterine Street, Brooklyn, NY
Habitantes Unidos, 357 South 3 Street, Brooklyn, NY
East Harlem Tenants Council

Housing Relocation

Urban Homesteading Assistance Board (Tenant Interim Lease Program)
Housing & Preservation Department, 75 Maiden Lane, NYC 10038
Los Sures Management Corporation, 255 South 2 Street, Brooklyn, NY

Education Advocacy

Advocates for Children
CSS Direction Services
Advisory Council for Attendance Services
Public Education Association (PEA)

Welfare Advocacy

Downtown Welfare Advocate Center/Community Council, 225 Park Ave. So., NYC
Westside Welfare League, 929 Columbus Avenue, NYC 10025
Williamsburg Legal Services, 260 Broadway, Brooklyn, NY

Professional Legal Services

Harlem Assertion of Rights/Community Action for Legal Service, 35 West 125 Street, NYC 10027
The Legal Aid Society
Westside Tenants Union
Community Action for Legal Services, 159 East Tremont Ave., Bronx, NY 10453
Bed-Stuy Legal Services, 1368 Fulton Street, Brooklyn, NY

APPENDIX G

APPENDIX G

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BOOKS & PAMPHLETS

Beck, Bertram - Can Social Work Prevent Social Problems? National Conference on Social Welfare, New York, 1960.

Bennis, Warren G., Benne, Kenneth D. and Chin, Robert - The Planning of Change. Holt, Reinhart and Winston, Inc., 1969.

Biber, B. - "Integration of Mental Health Principles in the School Setting" in G. Chaplan, ed. Prevention of Mental Health Disorders in Children, New York: Basic Books, 1961.

Bloom, Bernard and Buck, Dorothy P., eds. - Preventive Services in Mental Health Programs. Western Interstate Commission for Higher Education, Boulder, Colorado, 1967.

Bloom, Bernard - "Evaluating Achievable Objectives for Primary Prevention" in National Institute of Mental Health, Primary Prevention: An Idea Whose Time Has Come. Rockville, Maryland, 1977.

Bower, Eli - "Primary Prevention of Mental Illness and Emotional Disorders: A Conceptual Framework and Action Possibilities," in Harry Gold, ed., Combatting Social Problems: Techniques of Intervention, New York: Rinehart and Winston, 1967.

Bronfenbrenner, Urie - Is Early Intervention Effective? A Report on Longitudinal Evaluation of Preschool Programs. Vol. II, Washington, DC, DHEW, Pub. No. (OHD) 74-25, 1974.

Caplan, G. - Principles of Prevention Psychiatry. New York: Basic Books, Inc., 1964.

Caplan, G. - Support Systems and Community Mental Health: Lectures on Concept Development. New York: Behavioral Publication, 1974.

Collins, Alice and Pancoast, Diane - Natural Helping Networks: A Strategy for Prevention. Washington, DC: National Association of Social Workers, 1976.

Cowen, E.L., Trost, M.A., Lorion, R.P., Dorr, D., Izzo, L.D. and Isaacson, R.V. - New Ways in School Mental Health: Early Detection and Prevention of School Maladaptation. New York: Human Sciences Press, Inc., 1975.

Crow, Gary A. - Children at Risk: A Handbook of Signs and Symptoms Early Childhood Difficulties. New York: Schocken Books, 1978.

Davis, Karen and Schoen, Kathy - Health and The War on Poverty, Brookings, 1978.

Dixen, M.C. and Wright, W.E. - *Juvenile Delinquency Prevention Program - An Evaluation of Policy Related Research on the Effectiveness of Prevention Programs.* Peabody College for Teachers, 1977.

Etzioni, Amitai - *Social Problems.* Englewood, New Jersey: Prentice Hall, Inc., 1976.

Fanshel, David and Shinn, Eugene - *Children In Foster Care: A Longitudinal Investigation.* New York: Columbia University Press, 1978.

Farie, Ann M. and Zox, Ruth V. - *Primary Mental Health Project: A Program for Early Detection and Prevention of School Adjustment Problems.* Rochester, New York: Center for Community Study, 1978.

Gaylan, Willard, Glasser, Ira, Stenen, Marcus and Rothman, David - *Doing Good, the Limits of Benevolence.* New York: Pantheon Books, 1978.

Geiser, Robert L. - *The Illusions of Caring: Children in Foster Care.* Boston: Beacon Press, 1973

Geismar, Ludwig L. - *Early Supports for Family Life: A Social Work Experiment.* Metuchen, New Jersey: Scarecrow Press, 1972.

Geismar, Ludwig L. - *Family and Community Functioning: A Manual of Measurement of Social Work Practice and Policy.* Metuchen, New Jersey: Scarecrow Press, 1971.

Geismar, Ludwig L. - *Preventive Intervention in Social Work*, Metuchen, New Jersey: Scarecrow Press, 1969.

Geismar, Ludwig and La Sorte, Michael A. - *Understanding the Multi Problem Family: A Conceptual Analysis and Exploration in Early Identification.* New York Associated Press, 1964.

Gesten, E.L., de Apodaca, Flores, Rains, R., Weissberg, R.P. and Cowen, E.L. - "Promoting Peer Related Social Competence in Young Children" in M.W. Kent and J.E. Rolf eds., *Primary Prevention of Psychopathology.* Vol. 3, Hanover, N.H.: University Press of New England, 1978.

Cordon, Ira J. - *An Early Intervention Project: A Longitudinal Look.* Florida University, Gainesville Institute for Development of Human Resources, February, 1973.

Institute on Youth and Social Development - John F. Kennedy Center for Research on Education and Human Development. *Juvenile Delinquency Prevention Programs*. George Peabody College for Teachers, October, 1974.

Jenkins, Shirley and Sauber, Mignon - *Paths to Child Placement*, Community Council of Greater New York, 1966.

Joint Commission on Mental Health of Children - *Social Change and Mental Health of Children*. Harper and Row, 1973.

Jones, M.A., Neuman, R., Shyne, A.W. - *A Second Chance for Families: Evaluation of a Program to Reduce Foster Care*, New York: Child Welfare League of America, 1976.

Kadushin, Alfred - *Child Welfare Service*, New York: McMillan, 1967

Kahn, Alfred - *Social Policy and Social Services*. New York: Random House, 1973.

Kahn, Alfred - *Theory and Practice of Social Planning*, New York: Russell Sage Foundation, 1969.

Kamerman, Shirley B. and Kahn, Alfred J. - *Social Services in the United States: Policies and Programs*. Philadelphia: Timble University Press, 1976.

Keniston, Kenneth and The Carnegie Council on Children - *All Our Children: The American Families Under Pressure*, New York: Harcourt Brace Jovanovich, 1977.

Kolton, Marilyn, Dwarshuis, Louis, Gorodezky, Michael and Dosher, Anne - *Innovative Approaches to Youth Services*. Madison, Wisconsin: Stash Press, 1973.

Ku, Richard and Bleu, Carol - *A University's Approach to Delinquency Prevention: The Adolescent Diversion Project, An Exemplary Project*. Cambridge, Massachusetts: March, 1977.

Leanelle, H. and Clark, E. - *Preventive Medicine for the Doctor in His Community: An Epidemidogic Approach*. New York: McGraw Hill, 1965.

Levitan, Sar A. - *Programs in Aid of the Poor*. Baltimore: The John Hopkins University Press, 1976.

Mech, Edmund V. - *Delinquency Prevention: A Program Review of Intervention Approaches*. Portland State University, Oregon Regional Research Institute for Human Services, June, 1975.

Meyer, Carol H., ed. - *Preventive Intervention in Social Work*. Washington, D.C.: National Association of Social Workers, 1964.

Meyer, Carol H. - *Social Work Practice: A Response to the Urban Crisis.* New York: Free Press, 1970.

National Institute of Eduction - "School Community Linkages: Avenues of Alienation or Socialization" in J. Scherer, *School Crime and Disruption, Preventive Models*. Washington, D.C.: HEW, June, 1978.

Newman, Harvey and Belinsky, Karen - *Handbook on Self Evaluation: A Guide to More Effective Management Through Program Planning*. Greater New York Fund/United Way, Draft, November, 1979.

New York Interface Development Project, Inc. - *A Survey of Early Intervention Programs in New York State, for the New York State Council on Children and Families*. New York, 1978.

Owen, Henry and Schultze, Charles - *Setting National Priorities: The Next Ten Years*. Washington, DC: The Brookings Institute, 1976.

Janchill, Sister Mary Paul - *Foster Care Placement and Alternative Services: The use of Protocols to Guide Decision Making*. July, 1979.

Provence, Sally and Naylor, Audrey - *The Challenge of Day Care*. New Haven: Yale University Press, 1977.

Rice, Elizabeth P. - "Concepts of Prevention as Applied to the Practice of Social Work" in *The Significance of Health and Handicaps in the Child's Growth and Development*. New Orleans, Tulane University School of Social Work, 1961.

Ryan, William - *Blaming the Victim*. New York: Vintage Books, Inc., 1976.

Schiff, S.K. and Kellam, S.G. - "A Community Wide Mental Health Program of Prevention and Early Intervention in First Grade," in M. Greenblatt, P.E. Emery and B.C. Glueck, eds., *Poverty and Mental Health*, Washington, DC: American Psychiatric Assn., 1967.

Sobey, Francine - *Changing Roles in Social Work Practice*. Temple University, 1976

Suchman, Edward A. - *Evaluative Research, Principles and Practice in Public Service and Social Action Programs*. New York: Russell Sage Foundation, 1967.

Tripodi, Tony, Fellin, Phillip and Epstein, Irwin - *Social Program Evaluation: Guidelines for Health, Education and Welfare Administrators*. Itasca, Illinois: F.E. Peacock Publishers Inc., 1971.

Waldfogel, Samuel and Gardner, George - "Intervention in Crisis as a Method of Primary Prevention," in Gerald Caplan, ed., *Prevention of Mental Disorders in Children*. New York, 1971.

Walsh, Joseph A. - *Organization and Educational Factors Associated With the use of Primary Prevention by Social Workers in Community Mental Health Practice*. Illinois: Chicago Circle, June, 1978.

Watkins, Elizabeth - *Conceptual Framework for Evaluation of Social Service Programs*. Berkeley, California: Annual Institute for Public Health. Social Workers, 1973.

Wechsler, Henry, Reenherz, Helen Z. and Dobbin, Donald D. - *Social Work Research in the Human Services*. New York: Human Service Press, 1976.

Weiss, Carol H. - *Evaluating Action Programs: Reading in Social Action and Education*. Boston: Allyn and Bacon, Inc., 1972.

Zax, M. and Cowen, E.L. - "Research on Early Detection and Prevention of Emotional Dysfunction in Young School Children," in C.D. Spielberger, ed., *Current Topics in Clinical and Community Psychology*. Vol. I, New York: Academic Press, 1960.

JOURNAL ARTICLES

Arkell, R.N. - "Searching for Alternatives" Journal of American Indian, ed., 17:27-30, 1977.

Badian, Natalie A. and Scriver, Blanche L. - "The Identification of High Risk Children: A Retrospective Look at Selection Criteria." Journal of Learning Disability, 5:283-7.

Bard, Ronald E. - "To Heal the Wounded Family," Human Ecology Forum 6.2, 1977.

Bernard, Sidney E. - "Why Service Delivery Programs Fail." Social Work, May, 1975.

Broskowski, A. and Baker, Frank - "Professional, Organizational, and Social Barriers to Primary Prevention." American Journal of Orthopsychiatry, 44.5, October, 1974.

Cornett, Joe D. and others - "Effect of an Intervention Program on High Risk Spanish American Children." Journal of Educational Research, 67:342-3, 1974.

Cowen, E.L. - "Emergent Directions in School Mental Health: The Development and Evaluation of a program for Early Detection and Prevention of Ineffective School Behavior." American Scientist, 59:723-733, 1971.

Cyr, Florence E. and Wathenberg, Shirley H. - "Social Work in the Preventive Program of Maternal and Child Health." Social Work, 2.3, July, 1957.

Fantl, Berta - "Preventive Intervention" Social Work, 7.3, July, 1962.

Flaherty, Eugenie and others - "Use of an Unobstrusive Measure for the Evaluation of Interagency Coordination." Evaluation Quarterly, 2.2, May, 1978

Gesten, E.L. - "A Health Resources Inventory: The Development of a Measure of the Personal and Social Competence of Primary Grade Children." Journal of Consulting and Clinical Psychology, 44:775-786, 1976.

Higgins, Paul S. - "Evaluation and Study of a School Based Delinquency Prevention Program: The Minnesota Youth Advocate Program." Evaluation Quarterly, 2.2, May, 1978.

Hobbs, Nicholas - "Families, Schools and Communities An Ecosystem for Children." Teachers College Record, 79.4, 1978.

Jones, James A. and Fishman, Laura F. - "Where Counseling Fails," *American Child*, May, 1965.

Jones, M.A. - "Reducing Foster Care Through Intensive Services to Families." New York State Prevention Demonstration Project, *Children Today*, 5:616.20, Nov./Dec., 1976.

Kaplan, S.R., Peck, H.B., and Roman, M. - "Prevention Treatment and Social Action: A Strategy of Intervention in a Disadvantaged Urban Area." *American Journal of Orthopschiatry*, 35.1, 1966.

Lee, Phillip R. and Frank, Patricia E. - "Prevention and the Executive Branch of the Federal Government." *Preventive Medicine*, 6, 1977.

Levine, David - "The Dangers of Early Intervention" *Child Care Quarterly*, 251-5, 1973.

Lorion, R.P., Cowen, E.L., Kraus, R.M. and Milling, L.S. - "Familial Correlates of School Maladjustment." *Journal of Community Psychology*, 5: 142-148, 1977.

Perlmutter, Felice - "Prevention and Treatment: A Strategy for Survival" *Community Mental Health Journal*, 10.3, Fall, 1974.

Perlmutter, Felice, Vayder, A.M. and Woodburn, P.K. - "An Instrument for Differentiating Programs in Prevention - Primary, Secondary and Tertiary." *American Journal of Orthopsychiatry*, 46, 1976.

Rapaport, Lydia - "The Concept of Prevention in Social Work." *Social Work*, 7, July, 1962.

Reinherz, Helen and Griffin, Carol - "Identifying Children at Risk: A First Step to Prevention." *Health Education*, 8.4, 1977.

Sandler, et. al. - "Effectiveness of an Early Secondary Prevention Program in an I.C Elementary School." *American Journal of Community Psychology*, 3.1, March, 1975.

Silver, Archie and Hagin, Rosa A.- "Profile of a First Grade: A Basis for Preventive Psychiatry." *Journal of the American Academy of Child Psychiatry*. 11:645-74, 1972.

Sunley, Robert - "New Dimensions in Reaching-Out Casework" *Social Work*, 13, April, 1968.

Tendler, Diana, Metzger, Karen - "Training in Prevention: An Educational Model for Social Work Students." *Social Work in Health Care*, 4.2, Winter, 1978.

Weisz, Virginia G. - "Preventive Programs Unconstitutional?" Human Ecology Forum, Vol. 8, No. 4, Spring, 1978.

Wittman, Milton - "Preventive Social Work: A Goal for Practice and Education" Social Work, January, 1971.

Wittman, Milton - "Application of Knowledge About Prevention in Social Work Education and Practice." Social Work in Health Care, 3.1, Fall, 1977.

GOVERNMENT PUBLICATIONS

Center for Studies of Child and Family Mental Health - National Institute of Mental Health. *Final Report* to the President's Commission on Mental Health, February, 1978.

Children's Defense Fund - *Children Out of School In America*, Washington, D.C.: CDF, 1974.

Fund for the City of New York - *Identifying High Risk Cases of Child Abuse and Neglect: A Report for New York City's Office of Special Services for Children*. New York, February, 1979.

Lambert, Nadine M. - "The Protection and Promotion of Mental Health in Schools." *Mental Health Monograph 5*. National Institute of Mental Health. Department of Health, Education and Welfare, Bethesday, MD, Report # PHS-Pubs-1226, 1965.

National Academy of Sciences - *Advisory Committee on Child Development - Toward a National Policy for Children and Families*, Washington, DC, 1976.

National Institute of Education - "School Community Linkages: Avenues of Alienation or Socialization" in T. Scherer, *School Crime and Disruption: Prevention Models*, HEW, Washington, DC,20208, June, 1978.

National Institute of Mental Health, Center for Studies of Crime and Delinquency, Department of Health, Education and Welfare - Lemert, Edwin M. *Instead of Court: Diversion in Juvenile Justice, Crime and Delinquency Issues*, Rockville, Maryland, 1971.

National Institute of Mental Health - *Primary Prevention - An Idea Whose Time Has Come*. Proceedings of the Pilot Conference on Mental Health. Rockville, MD, April, 1976.

New York State Assembly Select Committee on Child Abuse - *Report on the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior*. March, 1978.

New York State Council on Children and Families - *Early Intervention Findings and Strategies for Action*. Final Report, July, 1979.

Potomac Institute - *Report of the Committee for the Study of National Service, Youth and the Needs of the Nation*, Washington DC, January, 1979.

State of New York Board of Social Welfare - *Foster Care Needs and Alternatives to Placement A Projection for 1975-1985*. November, 1975.

EDUCATIONAL RESEARCH INFORMATION CENTER (ERIC)

Ainsworth, Len & Gray, Alford - Responsive Environment Program for Spanish American Children: Evaluation Report. Cloris Public Schools, New Mexico: Office of Education (DHEW) Washington, D.C., 1972.

Askins, Billy E. and others - Responsive Environment Early Education Program (REEEP) Third Year Evaluation. Final Report, 1977-1978.

Bovolek, Stephen J. and others - The Development of the Adolescent Parenting Inventory (API): Identification of High Risk Adolescent Prior to Parenthood.

Farran, Dale C. and others - Social Interaction of Mothers and Young Children: Implications for Development. Paper Presented at the Biennial Meeting of the Society for Research in Child Development. New Orleans, Louisiana, March 17-20, 1977.

Fishman, Jacob R. and Jones, Roy J. - The Impact of the UPO Demonstration Program on a Selected Group of Cardoza Area Youth. A study of Juvenile Delinquency Prevention, Institute for Youth Studies Howard University, Washington, D.C., 1965 - 1966.

Gabinet, Laille - The Parenting Program for The Prevention of Child Abuse, May, 1977.

Garber, Howard and Heber, Rick - The Milwaukee Project: Early Intervention As a Technique to Prevent Mental Retardation. Regional Rehabilitation Research and Training Center in Mental Retardation, Wisconsin University, Madison.

Gray, Mary Z. - What are We Waiting For? The Problem is Growing. A Report of a Conference on Early Intervention with High Risk Infants and Young Children. Chapel Hill, North Carolina, May 5-8, 1974.

Health Service Administration, Rockville, MD, Bureau of Community Health Services - Minnesota Systems Research, Inc. Psychology Problem Classification for Children and Youth. Washington, D.C., DHEW.

Heber, Rick and others - Rehabilitation of Families at Risk for Mental Retardation - 1972 Progress Report. Regional Rehabilitation Research and Training Center in Mental Retardation. Wisconsin University, Madison, 1972.

Herjanic, Marijan and others - Reaching the Unreached: A Children's Community Mental Health Program in the Inner City. Paper presented at the American Academy of Child Psychiatry Meeting, New Orleans, LA, October, 1972.

Kass, Ethel R. and others - Educational Intervention with High Risk Infants. Paper presented at the Conference on Early Intervention for High Risk Infants and Young Children. Chapel Hill, North Carolina, May, 1974.

Landrus, G.D. and others - The Toronto Early Identification and Developmental Program. Report #130. Toronto Board of Education Research Department.

Lolis, Kathleen and others - Questionnaire Survey of Early Identification and Prevention Program. Bureau of Educational Research, New York City Board of Education, Brooklyn, NY, June, 1966.

McKenna, John - Changing Attitudes of Parents. Paper presented to the World Congress on Future Special Education. Sterling, Scotland, June 25 - July 1, 1978.

Meier, John - Screening and Assessment of Young Children at Developmental Risk. Presidents Committee on Mental Retardation, Washington, D.C., 1972.

Meyers, Edna O. - Search for Preventive Approaches. Developing Cognitive Skills in a High Risk Community as a Deterrent to Maladaptive Behavior. Northwide Center for Child Development, New York, NY, December, 1971.

Miller, Martin G. and Little, Judith W. - Developing Community Planning Capacity for Youth Development and Delinquency Prevention Programming. April, 1976.

Ora, John P. - Regional Intervention Project for Preschoolers and Parents. Final Report. George Peabody College for Teachers. Nashville, TN.

Pascale, Pietro J. and Streit, Fred - A Model for Drug Prevention in the Schools: Critical Period of Intervention. Paper presented at the Annual Meetingf of the American Educational Research Association, Chicago, IL, April, 1974.

Schrock, John H. Parent Assisted Learning Strategies: The Development of an Early Intervention Program for Parents and Their Infants. Practicum submitted in Partial Fulfillment for Doc. of Ed. Degree Nova University.

Sigel, Irving - Beyond Consultation: A Program for Preventive Psychiatry. New York University Medical Center, 1972.

Sigel, Irving - Developmental Truancy: Its Place and Relevance in Early Intervention Programs. State University of New York, Buffalo, April, 1971.

Trupin, Eric and others - Parents Do More When They Know More: An Intervention Model. Unpublished paper

Zeitlen, Shirley - Uses and Abuses of Early Identification Programs. Paper presented at an American Psychological Asociation Symposium on: Early Identification for Potential High Risk Learners.